

CRSS - FOSTER GRANDPARENT PROGRAM

2840 Wisconsin Ave., St. Louis, MO 63118 Ph. (314) 918-2297, Fax 1-844-272-7754

Name _____ Social Security # _____
(Last) (First) (Initial)

Address _____ Phone _____
(Number, Street) (ZIP)

Date of Birth _____ Birth State _____ Age _____ Marital Status _____

Number of dependents _____ Last grade of school completed _____

Other Schools _____ Hobbies _____

List previous states you have lived _____

Emergency contact _____ Address _____

Phone _____ Relationship _____

Primary Care Physician _____

SOURCES OF INCOME	MONTHLY	YEARLY
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Social Security		
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SSI		
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Annuity		
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Pension		
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Net Rent Income		
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Interest Income		
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Public Assistance		
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Other		
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Food Stamps		
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Out of Pocket Medical Expense		
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(Subtract Medical Expenses only if over income)

TOTAL ANNUAL INCOME	\$	\$
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(For office use only)

Correspondence <input type="checkbox"/>	Interview <input type="checkbox"/>	References <input type="checkbox"/>	Income <input type="checkbox"/>	Background <input type="checkbox"/>	Physical <input type="checkbox"/>
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Transportation: Own car Bi-State service Call-A-Ride
 Driver's License # _____ Car Insurance Co. _____
 Car Insurance Policy Number _____

I have the minimum necessary automobile insurance required by the State of Missouri to obtain license plates for my car. Yes No

Where did you hear about this program? _____

Briefly, why would you like to be a Foster Grandparent? _____

Have you ever served as a Foster Grandparent? Yes No

If you have been employed within the last five years, please list places of employment below:

Company	Address	Type of Employment	Wage

REFERENCES: (Please list three non-related persons who can answer questions relating to the service you will be doing as a volunteer.)

Name	Address	ZIP	Phone

Have you at any time been accused of child abuse? Yes No

If yes, please complete the following:

1. Provide in detail the date, the place, and an account of the circumstances surrounding each allegation of child abuse.

2. Did any administrative or judicial proceedings arise out of the allegations of child abuse? Yes No

If yes, please identify the agency or court in which the proceeding was brought and its locations, the parties to that proceeding, the docket number of the proceeding, and any judgement or resolution that was entered or reached.

3. Are you under the supervision of any federal, state or local agency as a result of any allegations of child abuse? Yes No

I authorize CRSS FGP to contact, in connection with this application and periodically thereafter, the Missouri Family Care Safety Registry and any other governmental agencies, organizations, corporations, entities or individuals that it deems necessary in order to verify the continued accuracy of any information given in connection with this application. I agree to complete, in connection with this application and periodically thereafter, any and all forms required by CRSS FGP. I understand the MOFCSR will check the following databases that contain MO data: Criminal History records and Sex Offender Registry maintained by the MO State Highway Patrol, Child Abuse/Neglect records and Foster Parent Licensure records maintained by the MO Department of Social Services, Child Care Licensure records and Employee Disqualification List maintained by the MO Department of Health and Senior Services and Employee Disqualification Registry maintained by the MO Department of Mental Health.

I authorize CRSS FGP to release health information, background checks, emergency contacts and other needed information to the volunteer stations to which I am assigned. Cleared background checks, including sex offenses (NSOPR), State checks (Missouri Family Care Safety Registry) and Federal (FBI fingerprint checks) are a requirement of this program. I will not start working until all background checks are obtained and cleared by CRSS Foster Grandparent Program.

To the best of my knowledge, I hereby state that the above information is true. I authorize investigation of all statements contained in this application.

Signature _____

Date _____

(For office use only)

Initial comments regarding the interview:
