



FOSTER GRANDPARENT PROGRAM OF HARRIS COUNTY | INTAKE FORM

Date of Application: _____ Email Address: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Birthplace/Country: _____ Language(s) Spoken: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Marital Status: _____ Number in Household: _____

Annual Household Income: _____ Person with Income: _____

Source of Income(s): _____ Amount of Income: _____

Years of School Completed: Elementary: _____ High School: _____ College: _____

Name of Physician: _____

Address: _____ Phone: (____) _____

Special Skills & Hobbies:

Please List Two (2) Character References (not relatives):

Name: _____

Address: _____ Phone: (____) _____

Name: _____

Address: _____ Phone: (____) _____

Please turn page over to complete form





How did you hear about the Foster Grandparent Program (please list all that apply)?
If referred by a volunteer, please let us know who so we can give thanks.

Newspaper/Publication: _____ Social Media: _____

TV/Radio: _____ Brochure: _____

Word of Mouth: _____ School: _____

Community or Senior Center: _____ Other: _____

Referral: _____

The information provided above is true to the best of my knowledge. I am aware that the information provided is subject to review and verification. I am also aware that I will have to provide documents to support this application. I understand that selection into this program is subject to the results of three (3) background checks which are:

1. [Department of Justice National Sex Offender Search \(NSOPW\)](#) on the Internet
2. State Registry Background Check
3. FBI Fingerprint Check

I understand that I will have a reasonable opportunity to review and challenge the factual accuracy of a result before action is taken to exclude me from the position.

Signature: _____ Date: _____