



PO Box 638
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Fayetteville, TN 37334
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schra.us

Foster Grandparent Program Application

Today's Date: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____ Years of School Completed: _____

Social Security Number: _____ Age: _____ Place of Birth: _____

Are you a Veteran? Yes No

Are you Hispanic/Latino? Yes No

Racial Group: American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White/Caucasian

Physical Condition: Excellent Good Fair Poor

Please Explain: _____

Tell why you wish to be Foster Grandparent: _____

What kind of transportation do you plan to use? _____

List memberships in clubs and organizations: _____

List Hobbies and special skills: _____

Previous Work or Occupation: _____

Do you have any criminal convictions (other than parking violations and juvenile offenses)? Yes No

Describe: _____

References:

Please supply at least 2(two) references, not related to you, that can testify to your personal and/or professional character

Name: _____ Relationship: _____ Years Known: _____

Telephone: _____ Address: _____

Name: _____ Relationship: _____ Years Known: _____

Telephone: _____ Address: _____