



Foster Grandparent/Senior Companion Program

Valley Mountain Regional Center

702 North Aurora Street • P.O. Box 692290 • Stockton, CA 95269-2290 • (209) 955-3351

Application

Program you are interested in:

Foster Grandparent Program

Senior Companion Program

Name: _____ Nickname: _____

Address: _____

Mailing Address (if different): _____

City, State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____ - _____ - _____

Driver's License or California ID Number: _____

Male Female **Marital Status:** Single Married Widowed

Birthplace _____ Date of Birth: ____ / ____ / ____

Number of people living in your home: _____

Person to notify in case of an emergency:

Name: _____ Phone Number: _____

Address: _____ City, State: _____

Physician:

Name: _____ Phone Number: _____

Address: _____ City, State: _____

Physical Condition: Excellent Good Fair Poor

List any medications you are currently taking and any physical limitations you may have:

Yearly Income (List all sources of income for your entire household for the past year).

Annuity Income\$ _____

Interest/Dividend Income _____

Net Income from Real Estate _____

Pension Income _____

Public Assistance _____

Social Security _____

SSI _____

Income from Stocks and Bonds _____

Wages _____

Other (specify) _____

Subtotal Income \$ _____

Less medical expense deductions (i.e. health insurance premiums, prescriptions drugs, doctor visits/medical bills) _____

Total Income \$ _____

Number of: Children ____ Grandchildren ____ Great Grandchildren ____

Medicare # _____ Medical # _____

Other Health Insurance _____

Highest Grade completed in school: _____

List any languages other than English you can read or speak:

Previous Occupations: _____

Special Training: _____

Hobbies/Special Skills: _____

List any experience you have had working with children/adults with special needs:

Have you ever received disability payments? No Yes

(If yes, please explain) _____

What is your means of transportation? Bus/Public Transportation Car

(If you own a car, list insurance and insurance number)

How did you hear about this program? _____

Why do you wish to become a part of this program? _____

Have you ever worked for a Foster Grandparent or Senior Companion Program?

No Yes, I have (location): _____

Have you ever been convicted of a misdemeanor or a felony? No Yes

If yes, explain _____

List two references other than relatives (include name, address, and telephone number):

1. _____

2. _____

Please check the box that best describes your race/ethnicity:

American Indian or Alaskan Native Asian African American

Native Hawaiian or Pacific Island Caucasian

Hispanic or Latino (Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

Did you serve in the United States military? Yes No

(Over →)

I agree to a fingerprint and background check through Fieldprint, Department of Justice and Truescreen as required by The Corporation for National and Community Service and The Department of Developmental Services.

Applicant Signature

Date

Foster Grandparent/Senior Companion Program Use Only

Interviewed/Reviewed by

Date

Employment approved by

Date

Notes: