

## **FOSTER GRANDPARENT PROGRAM FACT SHEET**

### **PURPOSE:**

To provide volunteer opportunities for low income persons, age 60 or older, to create support services for children with special and exceptional needs.

### **ELIGIBILITY:**

1. Men and women must be age 60 or older.
2. Applicants must meet Federal Income Guidelines.
3. Applicants must be physically and mentally able to serve 20 hours per week, 4 hours per day, and five days per week.
4. Applicants must have a desire to learn about the needs of children served and want to help with a child's individual growth and development.

### **BENEFITS OF FOSTER GRANDPARENTS:**

1. Payment of \$106.00 every two weeks (\$2.65 per hour). This money does not affect any Social Security, SSI, rent or any benefits already received.
2. Transportation is provided free of charge.
3. Grandparents receive a free hot meal if they work through meal time.
4. Annual Physical exams are provided for each Grandparent.
5. Insurance is provided for Grandparents during travel and work time.
6. Orientation and in-service is provided before a Grandparent begins work.
7. This is a wonderful opportunity to associate with other seniors and to have children to love and who will love you in return.

### **FUNDING SOURCES:**

The Foster Grandparent Program is funded by the Corporation for National and Community Service, Southwest Human Resource Agency and United Way.

### **CONTACT PERSON:**

If you would like more information or would like to apply for the program, please call **Brenda Smith at 1-731-989-5111 Ext. 1145, or toll free at 1-800-372-6013.**



SOUTHWEST HUMAN RESOURCE AGENCY  
1527 WHITE AVENUE  
HENDERSON, TENNESSEE 38340

FOSTER GRANDPARENT PROGRAM

NAME TYPED OR PRINTED

NUMBER IN HH

MAILING ADDRESS

CITY OR TOWN

STATE

ZIP CODE

PHONE NUMBER

SOCIAL SECURITY NUMBER

BIRTH PLACE

AGE BIRTHDATE MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ WIDOWED \_\_\_\_\_ DIVORCED \_\_\_\_\_

YEARS OF SCHOOL COMPLETED \_\_\_\_\_ PREVIOUS OCCUPATION \_\_\_\_\_

HOBBIES OR SPECIAL SKILLS: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT:

NAME ADDRESS PHONE

NAME ADDRESS PHONE

BENEFICIARY:

NAME ADDRESS PHONE

PHYSICAL CONDITION: EXCELLENT  GOOD  FAIR  POOR

PHYSICIAN:

NAME ADDRESS PHONE

PLEASE LIST TWO CHARACTER REFERENCES:

NAME ADDRESS PHONE

NAME ADDRESS PHONE

WHY DO YOU WISH TO BE A FOSTER GRANDPARENT: \_\_\_\_\_

WHAT TYPE OF TRANSPORTATION DO YOU PLAN TO USE? \_\_\_\_\_

DO YOU HAVE A PHOTO ID? YES  NO

DO YOU HAVE A VALID DRIVER'S LICENSE? YES  NO

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE IF ISSUANCE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CAR OWNER'S NAME \_\_\_\_\_

NAME OF CAR INSURANCE \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ RENEWAL DATE: \_\_\_\_\_

AMOUNT OF CAR INSURANCE COVERAGE:

PERSONAL LIABILITY EACH PERSON: \_\_\_\_\_

PERSONAL LIABILITY EACH ACCIDENT: \_\_\_\_\_

PROPERTY DAMAGE: \_\_\_\_\_

Social Security	\$	\$	\$	x 12 months	\$
SSI	\$	\$	\$	x 12 months	\$
Pension/Retirement	\$	\$	\$	x 12 months	\$
Interest/Dividends	\$	\$	\$	x 12 months	\$
<b>COLUMN TOTALS</b>	\$	\$	\$	x 12 months	\$

Note any deductions for out-of-pocket medical expenses, if any.

Health Insurance Premiums	\$ _____ per month	x 12 months	\$ _____ per year
Prescription Drugs:	\$ _____ per month	x 12 months	\$ _____ per year
Doctor visits/Medical bills:	\$ _____ per month	x 12 months	\$ _____ per year
Other medical costs:	\$ _____ per month	x 12 months	\$ _____ per year
<b>TOTALS</b>	\$ _____ per month	x 12 months	\$ _____ per year

**FOR OFFICE USE ONLY:**

Total Household Annual Income: \$ \_\_\_\_\_

Minus total allowable medical expense deduction: \$ \_\_\_\_\_

**EQUALS TOTAL ANNUAL QUALIFYING INCOME**

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_

**DRUG FREE WORK PLACE POLICY**

Drug used may seriously impair a volunteer's ability to perform his/her duties: therefore, it is the policy of this agency that the unlawful manufacture, distribution, possession or use of a controlled substance or drug paraphernalia in the volunteer's work station is prohibited. Any volunteer violating this policy will be subject to termination.

**PURPOSES**

- To comply with the Drug-Free Workplace Act of 1988
- To establish and maintain a safe, healthy working environment for all employees
- To insure the reputation of the Agency and its employees as good, responsible citizens worthy of public employment and the public's trust
- To reduce the incidence of accidental injury to person or property

As a condition of enrollment or continued enrollment in any program funded by any federal grant, the law requires all volunteers to abide by this policy.

\_\_\_\_\_  
Initials

**FOSTER GRANDPARENT/HEAD START CONFIDENTIALITY FORM**

As a Foster Grandparent volunteer, I will be serving children and will have knowledge of their problems, progress, performance and records. I understand that I am bound by the confidentiality laws during and after my services to a child as a volunteer.

I understand that if I give an unauthorized disclosure of client information, I could be prosecuted under State/and or Federal laws. Any such disclosure could result if my immediate termination as a volunteer with the Foster Grandparent Program.

By my signature, I agree to maintain confidential all information that I have knowledge of about the children, supervisors or teachers with whom I will be working with in the Southwest Human Resource Agency Foster Grandparent Program.

\_\_\_\_\_  
Initials

**CHILD ABUSE FACTS AND POLICY**

You must not practice any form of child abuse on the children with whom you come in contact. There could be legal ramifications if you are caught or accused of child abuse. As a volunteer for the Foster Grandparent Program you will be subject to discipline including dismissal.

\_\_\_\_\_  
Initials

I certify that I have read or had read to me the Drug Free Work Place Policy, the Confidentiality Policy and the Child Abuse Facts and understand the penalties for not following these policies. I understand that I will be under supervision at my assigned volunteer station.

I further certify that the information furnished in this application is true and correct. I understand that falsification of information may result in my being dropped as a Foster Grandparent Program volunteer. I also state that I will notify the Project Director or Coordinator immediately if changes occur in my income or in my auto insurance.

\_\_\_\_\_  
Signature of Applicant/Foster Grandparent Date

\_\_\_\_\_  
Signature of Foster Grandparent Staff Date



P.O. BOX 264 - 1527 WHITE AVENUE - HENDERSON, TENNESSEE 38340-0264  
TELEPHONE: 731-989-5111 - FAX 731-989-9997  
Email: msmith@swhra.org

Kevin Davis  
CHAIRMAN OF BOARD

Mike Smith  
EXECUTIVE DIRECTOR

### BACKGROUND CHECK FORM

Please take this Criminal Record Check to your local police or sheriff's department and ask that they complete the form for you. Return to Southwest Human Resource Agency with your Application.

_____	_____	_____
Last Name	First Name	Middle/Maiden
_____	_____	M _____ F _____
Social Security Number	Date of Birth	Sex
_____	_____	_____
Place of Birth	Eye Color	Hair Color
_____	_____	_____
Height	Weight	Race
_____	_____	_____

SWHRA Department and Program requesting check: **FOSTER GRANDPARENT PROGRAM**

SWHRA has the permission of the undersigned to perform a Criminal Record Check to verify the background and character of the above person. I also understand that this will also be used to conduct FBI fingerprint checks and National Sex Offender Registry checks. I have read the above and assert that this consent for release of information is given freely, voluntarily, and without coercion.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Results

\_\_\_\_\_  
Signature of Employee Completing Check

\_\_\_\_\_  
Date

An equal Opportunity Employer Serving Chester, Decatur, Hardeman, Hardin, Haywood, Henderson, Madison, and McNairy Counties