

# Foster and Senior Grandparent <sup>and</sup> Companion

**P R O G R A M S**

Serving Santa Cruz, Monterey, San Benito & Santa Clara Counties  
234 Santa Cruz Avenue, Aptos, CA 95003

**1-800-945-0099 x112** (English & Español)

## APPLICATION

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

### ***Please Check what applies to you:***

Foster Grandparent Program    Senior Companion Program    Both

### **Language Preference:**

Spanish    Chinese    Vietnamese    English    Other \_\_\_\_\_

### **Bilingual:**

Yes    No

### **Gender:**

Female    Male

### **Marital Status:**

Married    Single    Divorced    Widowed

Domestic Partner    Other \_\_\_\_\_

### **Mode of Transportation:**

Bus    Car    Paratransit    Other \_\_\_\_\_

### **How did you hear about the Foster Grandparent/Senior Companion Program?**

Mailing to your home    Friend (name) \_\_\_\_\_

Other \_\_\_\_\_

List your current MONTHLY income:

	You	Your Spouse
Social Security Income	\$ _____	\$ _____
Supplemental Security Income (S.S.I.)	\$ _____	\$ _____
Other Retirement Income	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____
Employment	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Monthly Total	\$ _____	\$ _____

Monthly Medical Expenses:

List the amount of money you pay out-of-pocket EACH MONTH for health insurance premiums, health care services, and medications:

You	Your Spouse
\$ _____	\$ _____

Have you ever been convicted of a crime? If so explain.  Yes  No

\_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury that the information I have provided in this application is true and correct. I give the Seniors Council Foster Grandparent/ Senior Companion Program permission to conduct a criminal records background check on me.

Signature: \_\_\_\_\_