

Foster Grandparents

Share Today. Shape Tomorrow.

Delta Community Action Foundation, Inc.
Foster Grandparent Program
 921 W. Maple 308 SW 2nd Street
 Duncan, OK Lindsay, OK 73052

Application/Annual Volunteer Update
Please Print

Name _____ *Phone Number () _____
 *E-mail Address _____ *Cell Phone Number () _____
 *Address _____ City _____ Shirt Size _____
 *Zip Code _____

Male ____ Female ____ Date of Birth _____
 Are you married? Yes No
 Do you plan to drive this year? Yes No
 Are you a veteran? Yes No
 Ever worked with children? Yes No

Beneficiary Info: (For FGP Accidental Death Life Insurance & Disbursement of Stipend Check in the event of your death while still Serving as a Foster Grandparent.) If you do not designate a beneficiary, all payments will be made to your estate.

Beneficiary Name & Address:

List an emergency contact.
 1) Name _____
 Address _____
 City, State, Zip _____
 Phone () _____

Total Annual Household Income*	
Number living in household:	_____
Social Security #	_____
Social Security Benefits (self & spouse)	\$ _____
Supplemental Security Income (SSI)	\$ _____
Other Retirement Income	\$ _____
Interest Earned	\$ _____
Income from Stocks and Bonds	\$ _____
Employment income (self & spouse)	\$ _____
Other Income	\$ _____
Total Annual Income:	\$ _____
*Federal regulations require us to collect this info in order to determine eligibility for FGP stipend and other benefits.	

FGP Staff Use Only:	
Allowable Medical Deduction	\$ _____
Net Annual Income	\$ _____

National Service Criminal History Check
Have you ever been convicted of, or received a deferred judgment for a crime? Yes No
If yes, please explain including dates and locations:
Placement in the FGP is dependent upon a satisfactory result on a background check that includes FBI fingerprinting. If selected for the training class you will be required to agree to this and provide your SS#

I certify that the information contained in this update is true and correct to the best of my knowledge.

Applicant Signature _____ Date _____ FGP Staff Signature _____ Date _____

Delta Community Action Foster Grandparent Program
AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize the Delta Community Action Foster Grandparent Program to conduct **Department of Justice National Sex Offender Registry, OSBI Criminal History check, FBI Fingerprint check.**

I understand that the information obtained in this check will be used solely for the purpose of determining my eligibility to participate in the Foster Grandparent Program is contingent upon review and will remain confidential.

I understand that that while the results of the required background checks are pending I am not permitted to have access to children, persons age 55 an older, or individuals with disabilities without being accompanied by an authorized representative who has been previously cleared for such access.

However, before such determination is made, I will have reasonable opportunity to review and challenge the factual accuracy check result.

Signature Date

First Name _____

Last Name _____ DOB _____

County _____ City _____

State _____ Zip Code _____

*If residency at above address is less than one year, please list previous address:

County _____ City _____

State _____ Zip Code _____

.....
(Office Use Only)

I have verified the identity of the applicant by examining the applicant's government issued photo identification card.

Document examined (circle one): Driver's License State Issued ID Passport Other _____

Document # _____

I have reviewed the results of the background checks for this applicant.

Staff Signature Date

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing this information (including your Social Security Account Number) is voluntary, however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information * Denotes Required Fields

*Last Name _____ *First Name _____
Middle Name 1 _____ Middle Name 2 _____

*Date of Birth: _____ *Place of Birth: _____ U.S. Citizen or Legal Permanent Resident:
Yes No

*Country of Citizenship: _____ Country of Residence: _____ Prisoner Number (if applicable): _____

*Last Four Digits of Social Security Number: _____

*Height: _____ *Weight: _____

***Hair (please check appropriate box):**

- Bald Black Blonde/Strawberry Blue Brown Gray Green Orange Pink
- Purple Red/Auburn Sandy Unknown White

***Eyes (please check appropriate box):**

- Black Blue Brown Gray Green Hazel Maroon Multicolored Pink Unknown

Applicant Home Address

*Address _____

*City _____ *State _____

*Postal (Zip) Code _____ *Country _____

Phone Number _____ E-Mail _____

Mail Results to Address

C/O Delta CAA - Foster Grandparent Program ATTN Tina Casey

Address 921 W. Maple

City Duncan State OK

Postal (Zip) Code 73533 Country USA

Phone Number (if different from above) 580-255-3222

Payment Enclosed: (please check appropriate box)

- CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

Reason for Request:

- Personal review Challenge information on your record Adoption of a child in the U.S.
- International adoption Live, work, or travel in a foreign country Other

* APPLICANT SIGNATURE _____ DATE _____

Mail the signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

FBI CJIS Division - Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary.