the
Chickasaw Nation
Education Division
300 Rosedale Road / Ada, Oklahoma 74820
Phone: (580) 421-7711 / Fax: (580) 436-0128

Foster Grandparents

Share Today. Shape Tomorrow.

Application

Name: _____ *Phone number: (____) _____

*Email: _____ *Cell phone number: (____) _____

*Address: _____ City: _____ State: _____ ZIP: _____

Race: ☐ White ☐ African American ☐ Hispanic

☐ Other: _____

☐ Native American CDIB: ☐ Yes ☐ No

Tribal affiliation: _____

Shirt size: _____ ☐ 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

Have you ever worked with children? ☐ Yes ☐ No

Emergency Contact:

Name: _____

Address: _____

City, State, ZIP: _____

Phone: (____) _____

Total Annual Household Income*

Number living in household: _____

Social Security #: _____

Social Security benefits (self and spouse)	$_____
Supplemental Security Income (SSI)	$_____
Other retirement income	$_____
Interest earned	$_____
Income from stocks and bonds	$_____
Employment income (self and spouse)	$_____
Other income	$_____
Total Annual Income	$_____

**Federal regulations require us to collect this info to determine eligibility for FGP stipend and other benefits.*

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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 Social Security number.

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**