

# Healthy Grandfamilies Application

Grandparent Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Family members in the home	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

School of attendance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please circle one

Best time to contact:  
 AM PM

Best way to contact:  
 phone email in-person mail

Will you need childcare during sessions: Yes \_\_\_ No \_\_\_ # of Children: \_\_\_



How did you hear about Healthy Grandfamilies? \_\_\_\_\_

I would like more assistance with (circle all that apply):

Rent/Utilities	Medical or Mental Health	Legal
Food/Clothing	Transportation	Other



Return to:

Your child's school counselor

Or

Family Services  
 1313 Locust Ave  
 Fairmont, WV 26374

Please note:

The Marion County Healthy Grandfamilies Program is a collaborative project between Marion County Board of Education, United Way of Marion and Taylor Counties, and the Family Service of Marion and Harrison Counties, Inc. All registration forms for participation will be shared between Marion County Board of Education and Family Services.

