Foster Grandparents

Share Today. Shape Tomorrow.

KI BOIS Community Action Foundation, Inc.

309 West Main * Wilburton, OK 74578 (918) 465-3381 FAX (918) 465-3053 TOLL FREE (855) 423-0916

Dear Physician:

Our Program requires us to provide a yearly physical to assure that the Foster Grandparents are mentally and physically capable of serving as volunteers. Community contributions help us fund this non-profit program that serves special/exceptional needs of children. Please help us by providing this service as a contribution to our program.

Shaunda Noah, FGP Director

This is to certify that ______ is a patient of mine. I last saw him/her on

______ and found him/her to be free of communicable disease and in good health. This person

is in my opinion <u>capable</u> / <u>not capable</u> of serving as a Foster Grandparent volunteer. (circle one)

Comments: _____

Physician's Signature

Date

\$100.00 Value of In-Kind Contribution