**Caregiver Assessment Form**

Welcome! Please tell us a bit about yourself so we can offer services that best meet your needs. We ask for demographic information to meet requirements from our funders. All your personal information is confidential. Please see the attached FAQs for more information and guidance on filling out this form.

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| **Caregiver Contact & Demographic Information:** | | | | | | | | | | | | | | | | | | | | | | |
| **Last Name:** | | | |  | | | | | | | | **First Name:** | |  | | | | | | **M.I.** | |  |
| **Date of Birth:** | | | | |  | | | | | | **Age:** | |  | | |
| **Gender/Identity:**  Male  Female  Gender/identity not listed: | | | | | | | | | | | | | | | | | |  | | | | |
| **Home Address** Line 1: | | | | | | |  | | | | | | | | | | | | | | |
| Line 2 (Apt/Unit/Floor #): | | | | | | |  | | | | | | City: | |  | | | | | |
| Zip: |  | | | County: | | | |  | | | | | | | | | State: | |  | |
| **Mailing Address** Line 1: | | | | | | |  | | | | | | | | | | | | | | | |
| Line 2 (Apt/Unit/Floor #): | | | | | | |  | | | | | | City: | |  | | | | | |
| Zip: |  | | | County: | | | |  | | | | | | | | | State: | |  | |

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| --- |
| **Location Comments** (additional directions for home or mailing address): |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Home Phone:** | |  | **Cell Phone:** |  |
| **Email:** |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Primary language:**  English  Spanish  Other: | |  | | |
| **Are you a veteran?**  Yes  No  **Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino | | | | | |
| **Race, select all that apply:** | | | | | |
| American Indian/Alaska Native | | Native Hawaiian or Pacific Islander | | | |
| Asian or Asian American | | White | | | |
| Black or African American | | Other not listed: | |  | |
| **Do you live:**  Alone  With Others | | | | | | |
| **Number of people in your household** (including you): | | | | | |  |

|  |
| --- |
| **Contact & Demographic Information (continued):** |

**Is your income above or below the amount listed for your household size:**

Above  At/Below

|  |  |  |
| --- | --- | --- |
| Household Size | Monthly Income | Annual Income |
| 1 | $1,132 | $13,590 |
| 2 | $1,526 | $18,310 |
| 3 | $1,919 | $23,030 |
| 4 | $2,312 | $27,750 |
| For each additional person, add $4,720 to annual income | | |
|  | | |

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| **Care Recipient(s) Information:** |

*Please provide information for each individual care recipient you care for. If the care recipient is an adult (18+), please also complete an In-Home Assessment Form.*

**Care Recipient 1:**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |

|  |  |
| --- | --- |
| Caregiver’s Relationship to Care Recipient: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: |  | Age: |  |

Lives with caregiver?  Yes  No (if no, please provide their home address)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Home Address Line 1: | | | |  | | | | | | |
| Line 2 (Apt/Unit/Floor #): | | | |  | | City: |  | | |
| Zip: |  | County: | | |  | | | State: |  |

**Care Recipient 2:**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |

|  |  |
| --- | --- |
| Caregiver’s Relationship to Care Recipient: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: |  | Age: |  |

Lives with caregiver?  Yes  No (if no, please provide their home address)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Home Address Line 1: | | | |  | | | | | | |
| Line 2 (Apt/Unit/Floor #): | | | |  | | City: |  | | |
| Zip: |  | County: | | |  | | | State: |  |

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| **Caregiver Additional Information:** |

**Are you getting help from anyone with your caregiver duties?**  Yes  No

**If yes, please explain:**

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**Are you a grandparent raising grandchildren?**  Yes  No

**Are you working:**

Full-time  Part-time  Retired  Volunteering  Seeking employment  No

**What caregiving issues are you are struggling with/what supports do you need?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Counseling | | Day care | Education/training | |
| Information about services | | In-home care | Respite | |
| Personal care | | Supplemental services | Support groups | |
| Other (please explain): |  | | | |
|  | | | |
|  | | | |

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| **Interest in Other Services:** |

**Are you interested in learning about nutrition and a healthy diet?**  Yes  No

**Would you like to hear about other caregiver services?**  Yes  No

**If yes, how can we contact you?**  Email  Mail  Phone

|  |  |
| --- | --- |
| **What services are you interested in?** |  |
|  | |

**Disclosures and Waivers**

*I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service provider and I herewith give my consent to do so.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

***For Office Use Only –***

*(If filled out by assessor or via phone, please have assessor check here and sign below* )

|  |  |  |  |
| --- | --- | --- | --- |
| **Filled Out By:** |  | **Date:** |  |

Caregiver Services Eligibility Criteria

|  |  |
| --- | --- |
| **Family Caregiver of an Older Adult** | **Care Recipient** |
| An adult (18 years of age or older) family member or another individual (e.g., friend or neighbor) who is an informal (i.e., unpaid) provider of in-home or community care to the Care Recipient | An older individual (60 years of age or older) *or*  An individual (of any age) with Alzheimer’s disease or related disorder with neurological and organic brain dysfunction |

|  |  |
| --- | --- |
| **Older Relative Caregiver/Grandparent of a Child** | **Care Recipient** |
| A grandparent, step-grandparent, or other older relative of the child by blood, marriage, or adoption who is at least 55 years old living with the child, and identified as the primary caregiver through a legal or informal arrangement | A child (less than 18 years old) *or*  An individual (of any age) with a disability |