

Caregiver Registration

CAREGIVER REGISTRATION

CAREGIVER INFORMATION

First Name

Middle Initial

Last Name

Birth Date

Address

City

State

ZIP Code

County

Township

Telephone

Income Status - Is monthly income below poverty level?

Yes No

Lives Alone

Yes No

Household size of Caregiver

Two people in household Three people in household
 Four or more people in household Unknown

Marital Status

Married Divorced Widowed
 Separated Single

Spouse Name

Caregiver's Gender (Assigned at birth)

Female Other No response/Unknown
 Male Prefer not to say

Does the Caregiver consider themselves to be transgender or gender non-conforming?

Yes No

Caregiver Sexual Orientation

Straight/Heterosexual Prefer not to say
 Lesbian Other
 Gay No response/Unknown
 Bisexual

Caregivers race?

White Native Hawaiian/Pacific Islander
 Black American Indian/Eskimo/Aleut
 Asian

Is Caregiver Multiracial?

Yes No

Is Caregiver Hispanic?

Yes No

Non-English Speaking?

Yes No

How well does Caregiver speak English?

Very well Not at all Unknown
 Well Not well

Has the Caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Yes No Unknown

Care Recipient's Name

Care Recipient Date of Birth

CAREGIVER SERVICES INFORMATION

Registered Caregiver Services

In Home Respite

Yes No

Start Date

Adult Day Care

Yes No

Start Date

____/____/____

Kinship Care

Yes
 No

Start Date

____/____/____

Non-registered Caregiver Services

Transportation

Yes
 No

Other

Yes
 No

Specify Other Services

CARE RECIPIENT STATUS INFORMATION

1. Does the Care Recipient need assistance with 2 or more activities of daily living (ADLs)?

Yes
 No

2. Does the Care Recipient have a cognitive impairment (e.g., Alzheimer's, Dementia, etc.)?

Yes
 No

CAREGIVER HISTORY

1. How did Caregiver hear about the program (referral source)?

- 1 = Newspaper
- 2 = Television
- 3 = Brochure
- 4 = Friend
- 5 = Agency
- 6 = Website
- 7 = Physician
- 8 = Health Care Provider
- 9 = Other

2. Caregiver relationship to Care Recipient

Spouse
 Parent

- Daughter
- Daughter-in-Law
- Son
- Son-in-Law
- Grandparent
- Other Relative

3. Caregiver's health is

- Excellent
- Good
- Fair
- Poor

4. Caregiver is employed

- Full Time
- Part Time
- Not Employed

5. How long does it take to get to the Care Recipient's home?

- Less than 1 hour
- 1 - 3 hours
- More than 3 hours
- Caregiver lives with Care Recipient

6. Caregiver provides care to the Recipient

- Daily
- Weekly
- Several times a week
- Less than 1 day per week
- Monthly
- Occasionally

7. Does the Caregiver provide hands-on care to the Care Recipient?

Yes
 No

If Yes, hands-on care is provided

- Less than 1 hour
- 1 - 3 hours
- More than 3 hours

Frequency of hands-on care

- Per Day
- Per Week
- Per Month

8. How long has the Caregiver provided care to the Care Recipient?

- 0 - 6 months
- 7 - 12 months
- 13 - 36 months
- 37+ months

9. How many Care Recipients does the Caregiver care for?

Notes

10. Is this a Kinship Care family situation?

- Yes
 No

Kinship Child Information

Status of child(ren) in care (Check all that apply)

- Informal
 Guardianship
 Foster Care
 Legal Custody
 Adoption
 Unknown
 Other

Are any of the child(ren)'s parents living with Caregiver?

- Yes
 No

Reason(s) for Kinship Care

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Death |
| <input type="checkbox"/> Incarceration | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Mental or emotional illness | <input type="checkbox"/> Other |
| <input type="checkbox"/> Unemployment | |

Special Needs

- Learning Disability
 Physical Handicap
 Emotional Impairment
 Developmental Disability
 Unknown

Total Number of Children Receiving Care

Total Number of Adults with Disabilities Receiving Care

Title :

Date

Title :

Date