

SECTION 1 – Service Information

Provider Name: (SAMPLE 8, Title III E, Caring for Child)	Registration/Assessment Date:
Region/Site Name:	*Termination Date: *Reason:

Title III E, Family Caregiver Support Program Services To Be Provided

Support Services: <input type="checkbox"/> Caregiver Assessment <input type="checkbox"/> Caregiver Support <input type="checkbox"/> Caregiver Counseling <input type="checkbox"/> Caregiver Training <input type="checkbox"/> Caregiver Peer Counseling <input type="checkbox"/> Case Management	Respite Care Services: <input type="checkbox"/> In-Home Supervision <input type="checkbox"/> Home Chore <input type="checkbox"/> Homemaker Assistance <input type="checkbox"/> Out of Home Day <input type="checkbox"/> In-Home Personal Care <input type="checkbox"/> Out of Home Overnight
Supplemental Services: <input type="checkbox"/> Assistive Devices <input type="checkbox"/> Home Adaptations for Caregiving <input type="checkbox"/> Caregiving Services Registry <input type="checkbox"/> Cash/Material Aid	
Access Assistance: <input type="checkbox"/> Information & Assistance <input type="checkbox"/> Caregiver Outreach <input type="checkbox"/> Interpretation/Translation <input type="checkbox"/> Caregiver Legal Resources	Information Services: <input type="checkbox"/> Public Information on Caregiving <input type="checkbox"/> Community Education on Caregiving

SECTION 2 – Eligibility Criteria

Grandparent/Older Caregiver Caring for Child Eligibility Criteria 1. Is the Care Receiver an individual who is not more than 18 years of age <u>or</u> who is an individual (of any age) with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is the Caregiver a grandparent, step-grandparent, or other older relative of a child by blood, marriage, or adoption who is 55 years of age or older, living with the child, and identified as the primary caregiver through a legal or informal arrangement. Biological and adoptive parents are excluded. <input type="checkbox"/> Yes <input type="checkbox"/> No
If the Care Receiver does not meet any of the criteria above, the Caregiver is ineligible to receive FCSP Grandparent Caring for Child services, but may qualify to receive other services provided by the Area Agency on Aging.

Notes:

SECTION 3 (Grandparent/Older Caregiver)
 (*) Required for Family Caregiver Support Program Services

Caregiver Personal Data (Please Print):					
*Unique Participant ID					
First Name:					
Middle Initial:					
Last Name:					
* What is your gender? (Check only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Not Listed, please specify: _____ <input type="checkbox"/> Declined/not stated				
* What was your sex at birth? (Check only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined/not stated				
* How do you describe your sexual orientation or sexual identity (Check only one)	<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Not Listed, please specify: _____ <input type="checkbox"/> Declined/not stated				
*Birth Date:					
Last 4 Digits Social Security # <i>Optional</i>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
Home Phone #:	()				
Residential Address:					
Street:					
City:					
*Zip Code:					

Mailing Address:	
Same As Residential? <input type="checkbox"/> Yes – Skip to Next Section	
Street:	
City:	
* Zip Code:	
*Ethnicity:	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
*Federal Poverty Level (FPL)	<input type="checkbox"/> At or below FPL <input type="checkbox"/> Above FPL <input type="checkbox"/> Declined to State
*Lives Alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
*Rural?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
*Race: (Please Check all that apply)	
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race	
Asian:	
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	
Hawaiian/Other Pacific Islander:	
<input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Declined to State	
*Relationship to Care Receiver	<input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Non Relative <input type="checkbox"/> Declined to State
*Relationship Status:	<input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State
*Employment:	<input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Declined to State <input type="checkbox"/> Retired

SECTION 4 (Child)
 (*) Required for Family Caregiver Support Program Services

Care Receiver Personal Data (Please Print):					
*Unique Participant ID					
First Name:					
Middle Initial:					
Last Name:					
* What is your gender? (Check only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Not Listed, please specify: <hr/> <input type="checkbox"/> Declined/not stated				
* What was your sex at birth? (Check only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined/not stated				
* How do you describe your sexual orientation or sexual identity (Check only one)	<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Not Listed, please specify: <hr/> <input type="checkbox"/> Declined/not stated				
*Birth Date:					
Last 4 Digits Social Security # <i>Optional</i>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
Home Phone #:	()				
Residential Address:					
Street:					
City:					
*Zip Code:					

Mailing Address:	
Same As Residential? <input type="checkbox"/> Yes – Skip to Next Section	
Street:	
City:	
* Zip Code:	
*Ethnicity:	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
*Federal Poverty Level (FPL)	<input type="checkbox"/> Yes (At or below FPL) <input type="checkbox"/> No (Above FPL) <input type="checkbox"/> Declined to State
*Lives Alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
*Rural?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
*Race: (Please Check all that apply)	
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Hawaiian/Other Pacific Islander: <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Declined to State	
*Relationship Status:	<input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State