



Family Caregiver Support Program Standards

Older Americans Act

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Aging and People with Disabilities
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In Partnership with
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Family Caregiver Support Program Standards

I. Introduction

The National Family Caregiver Support Program (NFCSP) was established in 2000 and officially launched in February 2001. When the Older American's Act was reauthorized in 2006, the NFCSP broadened in the populations that are served. The NFCSP is a recognition that family caregivers provide the majority of care and support to their loved ones and that they are deserving of services that help them enhance their own lives as well as the person they support.

Services outlined in these Standards are meant to provide support to caregivers who care for a loved one in their home in hopes of preventing or delaying placement into a long term care setting. When family caregivers are well supported receivers of their care are able to stay in their homes longer and can have a better quality of life. Limited funds and services are available to support older individuals who are the primary caregivers to relative children.

II. Program Purpose Goals

- a. Services and resources will meet the needs of the caregiver and enhance support given to the care receiver.
- b. Services provided will help the caregiver become a better advocate and more confident in assisting the care recipient in with their physical, cognitive and behavioral needs.
- c. Services and supports will deter placement in a long term care setting, when feasible, and promote continued care within the home and/or in alternative community settings for seniors for as long as possible or desirable.

III. Program Authority

Sections 371, 372, 373, and 374 of the Older Americans Act of 1965, as Amended (P.L. 106-501), Grants for State and Community Programs on Aging and W.S. 9-2-1204.

IV. Eligibility

1. Caregiver of a person age 60 years of age or older, the caregiver can be an adult of any age.
2. Caregiver of a person with Alzheimer's disease or other dementia of any age, the caregiver can be an adult of any age.
3. Caregiver of a child age 18 years or younger and the caregiver is a grandparent or relative caregiver age 55 or older and the child lives with the caregiver.
4. Caregiver of an adult or child with disabilities of any age where the caregiver is a grandparent or other relative caregiver age 55 or older and the adult or child lives with the caregiver.
5. Adult child with a disability who is a 19 years of age or older and has a disability and is financially dependent (including TANF, Child Support, Social Security etc...) on their caregiver who is a grandparent or other relative 55 years or older. The adult child lives with the caregiver.
6. Older caregiver of their own adult child with disabilities where the child is 60 years of age or older.

V. Allowable services provided under the Family Caregiver Support Program

The following services are allowed under the Older Americans Act Family Caregiver Support Program. Area Agencies on Aging may determine which of these services are needed and feasible in their area, and may offer some or all.

1. Information about services available in local communities.
2. Assistance in gaining access to services and resources within local communities.
3. Counseling, support groups and/or evidence based training in the areas of caregiving, health, nutrition and financial literacy that assist the caregiver in making decisions and solving problems in their caregiving role.

4. Respite care which offers temporary substitute supports or living arrangements that affords the caregiver a brief period of relief and rest from caregiving responsibilities. Services can be provided in the home, adult day service program or overnight stay in a residential care setting. See Service and Unit Descriptions, Group 1 Respite Care, Matrices #30-4 (OPI), #30-5 (serving elderly) and #30-5 (serving children) for more information and guidance.
5. Supplemental services that compliments the care provided by caregivers; for example, assistive technology, home modifications, incontinent supplies, legal assistance, transportation. See Service and Unit Descriptions, Group 1, Caregiver Supplemental Services Matrices #30-7 (serving elderly) 30-7a (serving children) for more information and guidance.

VI. Priority populations to be served

1. Caregivers who are older individuals with greatest social need related to non-economic factors and greatest economic need as defined in Section XII (General terms and definitions) of these standards.
2. Family caregivers who support their relative that has Alzheimer's disease or other dementia with a neurological or organic brain dysfunction.
3. Grandparents or other relative caregivers, who support children with severe disabilities.

VII. AAA Implementation of the Family Caregiver Support Program

1. Through the development of each AAA's area plan identify how the core service elements stated in Section IV will be provided.
2. Develop policies and procedures on how services will be provided within the AAA. Policies and procedures may include but not limited to:
 - a. When screenings and assessments are conducted and how they are used to identify the needs of the caregiver and of what services they will benefit from. AAA/ADRC staff may use the assessment form provided by the DHS/State Unit on Aging or their own form(s).

- b. How each service will be provided, either self-provided or through contract with a service provider, in partnership with another agency, or with volunteers.
 - c. Identification and providing of services for caregivers who meet the “priority” criteria as outlined in Section V of these Standards.
 - d. Wait listing of clients for services in the event a client cannot be accommodated in a particular service at a particular time.
 - e. Identification of dollar amount limits that will be provided to each client on services such as respite or supplemental services.
 - f. Referral of individuals to other programs and services, i.e. other OAA programs, Medicaid, or local community services etc.....
- 3. Develop partnerships with other agencies (public or private) businesses, faith based organizations or health care agencies either to provide services or information that can benefit caregivers.
 - 4. Conduct outreach especially to “at risk” family caregivers (includes non-English speaking, ethnic groups, Native American Tribes, non-traditional family caregivers, relatives as parents, caregivers of an individual who is at risk of institutionalization).
 - 5. Provide services in coordination with the local Aging and Disability Resource Connection (ADRC).
 - 6. Develop a process for ensuring quality of services and follow-up with clients who have received services.
 - 7. Recruit and train volunteers to expand the provision of available services.

VIII. National Aging Program Information System Reporting Requirements

- 1. Each AAA shall collect and report National Aging Program Information System (“NAPIS”) data as directed by DHS for all caregiver services delivered using software provided by DHS or an alternative collection and reporting method.

2. Reporting of service units shall be consistent with the “Service Units and Definitions of Older Americans Act and Oregon Project Independence Programs”, Group 1 and Group 2 Caregiver Services, please see Appendix 1 to these Standards.
3. Each AAA shall collect demographic information as required by NAPIS, and outlined in the Service and Unit Description document (Appendix 1) of these standards.
4. Each AAA will ensure that data for the Family Caregiver Support program is updated or completed at least annually and submitted in order for the State Unit on Aging to send the State Program Report (SPR).

IX. Program Income

All recipients of the Title III-E caregiver services are provided the opportunity to voluntarily contribute towards the cost of service. Any voluntary contribution will be referred to as program income and will be used for the sole purpose of expanding caregiver services.

X. Maximum Expenditures

1. No more than 10% of expended Title III-E funds may be utilized for administration of the program.
2. No more than 10% of expended Title III-E funds may be utilized for support services for caregivers serving children under age 18. Services provided to caregivers of adult children are not counted against the 10% ceiling for grandparents or other relative caregivers of children under the age of 18.

XI. Matching Funds

Federal funds may not pay for more than 75% of total caregiver expenditures. The required match is calculated as shown in the following example;

\$100 Title III-E funds expended = \$100 divided by .75 = \$133
\$133 - \$100 = \$33, therefore the required match to spend \$100 of Title III-E funds is \$33.

XII. General terms and definitions as they relate to these Standards

- (1) **“Aging and Disability Resource Connection”** means a point of entry to comprehensive information on the full range of available public and private long-term care services, service providers, and resources within a community and options counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances. (OAA 102 (4) (A-C))
- (2) **“Activities of Daily Living” (ADL)** means those personal functional activities required by an individual for continued well-being which are essential for health and safety. Activities include eating, dressing, grooming, bathing, personal hygiene, mobility (ambulation and transfer), elimination (toileting, bowel and bladder management), and cognition, and behavior. ([OAR 411-015-0006 \(1\)](#))
- (3) **“Adult Day Services (ADS) Program”** means a community-based group program designed to meet the needs of adults with functional impairments through service plans. These structured, comprehensive, non-residential programs provide health, social and related support services in a protective setting during part of a day, but for less than 24 hours per day. ([OAR 411-066-0005 \(2\)](#))
- (4) **“Alzheimer's Disease and Other Related Disorders”** means "Alzheimer's Disease or a Related Disorder" means a progressive and degenerative neurological disease that is characterized by dementia including the insidious onset of symptoms of short-term memory loss, confusion, behavior changes, and personality changes. It includes dementia caused from any one of the following disorders:
- (a) Multi-Infarct Dementia (MID);
 - (b) Normal Pressure Hydrocephalus (NPH);
 - (c) Inoperable Tumors of the Brain;
 - (d) Parkinson's Disease;

- (e) Creutzfeldt-Jakob Disease;
- (f) Huntington's Disease;
- (g) Multiple Sclerosis;
- (h) Uncommon dementias such as Pick's Disease, Wilson's disease, and Progressive Supranuclear Palsy; or
- (i) All other related disorders recognized by the Alzheimer's Association.
([Alzheimer's Association – What is Dementia?](#))

- (5) **"Area Agency on Aging (AAA)"** means the agency designated by the Department as an AAA is charged with the responsibility to provide a comprehensive and coordinated system of services to older adults and individuals with physical disabilities in a planning and service area. For purposes of these standards, the term "Area Agency on Aging" is inclusive of both Type A and B AAAs as defined in ORS 410.040 to 410.350.
- (6) **"Area Plan"** means the approved plan for providing authorized and coordinated services under the Older American's Act and Oregon Project Independence. (Definition developed by SUA)
- (7) **"Assessment"** means a collaborative process for identifying the services that will be of benefit to the caregiver. (Definition developed by SUA)
- (8) **"Caregiver"** means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an older individual. (OAA (102) (18) (B))
- (9) **"Child"** means an individual who is not older than 18 years of age or an individual 19 to 59 years of age who has a severe disability. (OAA 372 (a) (1))
- (10) **"Disability"** means except when such term is used in the phrase "severe disability", "developmental disability", "physical or mental disability", "physical and mental disabilities", or "physical disabilities" - a disability is attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in one (1) or more of major life activity. (OAA 102 (a) (13) (A-I))

- (11) “Disease Prevention & Health Promotion Services”** means individual or group programs based on best practices and/or evidence-based research, that identify health risks and needs, prevent health problems, and/or help older adults manage their health conditions. Programs should address identified health needs of older adults in the community, and where possible, should use evidence-based approaches and evaluated outcomes to address needs. These may include health risk assessments and screening linked to referrals and/or follow-up education; health promotion programs that help participants prevent and/or manage chronic conditions, alcohol and substance abuse, health risks such as smoking cessation, weight loss; physical activity programs to promote activity and prevent falls; educational programs on health risks and conditions or use of preventive health services and medication management. Condensed from OAA 102 (a) (14) (A-L).
- (12) “Elderly Client”** means a service recipient who is 60 years of age or older or who is less than 60 and has a diagnosis of Alzheimer’s or a related disorder. (AoA Title III/VII Reporting Requirements Appendix)
- (13) “Ethnicity”**- Consistent with OMB requirements ethnicity categories are Hispanic or Latino or Not Hispanic or Latino. (AoA Title III/VII Reporting Requirements Appendix – Definitions)
- (14) “Evidence-based training”** Evidence-based programs provide interventions that have been tested and have shown to be effective. In terms of caregiving interventions are aimed at helping the caregiver and the care recipient adopt healthy behaviors, improve health status and reduce the use of hospital services and emergency room visits.
- (15) “Focal Point”** means a facility such as community center, senior center, or multi-purpose center/facility established to encourage the maximum collocation and coordination of services for older individuals. (OAA 102 (a) (21)) and (306 (a) (3) (A))
- (16) “Frail”** means, with respect to an older individual in a State, that the older individual is determined to be functionally impaired because the Individual -
(A) (I) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or

- (ii) at the option of the State, is unable to perform at least three such activities without such assistance; or
- (B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (OAA 102 (a) (22))

(17) “Instrumental Activities of Daily Living or Self-Management Tasks”

means a person’s ability to do housekeeping, laundry, shopping transportation, medication management and meal preparation as described in [OAR 411-015-0007](#).

(18) “Grandparent or Other Relative Caregiver of a Child” means a grandparent, step grandparent or other relative of a child by blood or marriage or adoption who is 55 years or older and lives with the child, is the primary caregiver of the child due to the biological or adoptive parents who are unable or unwilling to serve as the primary caregiver of the child; and has a legal relationship to the child, such as legal custody or guardianship or is raising the child informally. (OAA 372 (a) (2))

(19) “Greatest economic need” means the need resulting from an income level at or below the poverty line. (OAA 102 (a) (23))

(20) “Greatest social need” means the need caused by non-economic factors which include:

- (A) Physical and mental disabilities;
 - (B) Language barriers; and
 - (C) Cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that;
 - (i) Restricts the ability of an individual to perform normal daily tasks; or
 - (ii) Threatens the capacity of the individual to live independently.
- (OAA, 102 (24))

(22) “Homecare Worker” – A provider, as described in [OAR 411-030-0020](#) and [411-031-0040](#), who is directly employed by the eligible individual via the Client Employed Provider Program, and who provides hourly services to eligible individuals. Homecare Workers also include providers in the Spousal Pay Program.

Note: Homecare worker and Client Employed Provider (CEP) are synonymous and depending upon age of the document or data collection means – either term may be present or appear in DHS publications and DHS-owned software applications.

(23) “High Nutritional Risk” means a score of six (6) or higher on the Determine Your Nutritional Risk checklist published by the Nutrition Screening Initiative.

See <http://edis.ifas.ufl.edu/he944> for the checklist and risk summaries.
AoA Title III/VII Reporting Requirements – Definitions

Note: Nutritional Risk Assessment is on the DHS/SPD NAPIS Registration and OACCESS under the Nutrition tab (accessed by selecting the Service Icon).

(24) “In-Home Care Agency” A licensed agency (by OHA Public Health Division) that provides in-home care services for compensation to an individual in that individual's place of residence. “In-home care agency” does not include an agency providing home health services as defined in ORS 443.005. ([OAR Chapter 333, Division 536](#))

To request a list of licensed agencies serving Oregon send e-mail to: mailbox.hclc@state.or.us

(25) “Living Alone” means a one person household. Household as defined by the U.S. Census Bureau - living quarters in which the occupant(s) live and eat separately from any other persons in the building and which have direct access from the outside of the building or through a common hall. AoA Title III/VII Reporting Requirements Appendix – Definitions Household is defined and found at www.census.gov

(26) “National Aging Program Information System” (NAPIS) State Program Reports (SPR) which are generated through NAPIS provides information on what services are provided through Titles III and VII (supportive services, nutrition, caregiver support, elder rights) of the OAA and who receives them and what funding is expended for these programs. ([NAPIS/SPR](#))

(27) “Nutritional Services Incentive Program” (NSIP) meal means a congregate or home-delivered meal prepared in compliance with nutritional re-

quirements as outlined in the Older Americans Act (OAA) and the Oregon Congregate and Home-Delivered Nutrition Program Standards. These meals are served to an eligible individual as defined in the OAA. Definition based on OAA and condensed by the DHS/APD/SUA.

Note: Eligible NSIP meals include those served to the under 60 spouse in the company of the 60 years of age or older spouse; any age adult with disability who resides with or is in the company of an individual 60 years of age or older; caregivers and care recipients aged 60 or older; caregivers who are the spouse of the care recipient - regardless of age; and any age volunteer assisting with meal site or delivery of meals.

(28) “Poverty” – Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes and is typically released each February. (AoA Title III/VII Reporting Requirements Appendix – Definitions)

(29) “Poverty Level” means the income level indicated in the Federal Poverty Income Guidelines developed and annually updated and published in the Federal Register by the United State Department of Health and Human Services. [Poverty Levels – HealthCare.gov](https://www.hhs.gov/poverty-levels-healthcare.gov)

(30) “Program Income” gross income received by the grantee (AAA) or sub-grantee (AAA contractor) such as voluntary contributions or income earned as a result of a grant project during the grant period. (AoA Title III/VII Reporting Requirements Appendix –Definitions)

(31) “Provider” means an organization or person which provides a service to clients under a formal contractual arrangement with the AAA or SUA. (AoA Title III/VII Reporting Requirements Appendix – Definitions)

(32) “Race” – Consistent with OMB requirements, race categories are *American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White*. Respondents should ideally be given the opportunity for self-identification, and are to be allowed to designate all categories that apply to them. (AoA Title III/VII Reporting Requirements Appendix – Definitions)

(33) “Registered Client” means an individual who received one or more units of Cluster 1, Cluster 2, or Group 1 or Group 2 Caregiver services: Definition developed by DHS/APD/SUA.

(34) “Rural” – Any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) (2) an incorporated place or census designation with 20,000 or more inhabitants. (AoA Title III/VII Reporting Requirements Appendix –Definitions)

(35) “Target Population” means older individuals, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older individuals at risk for institutional placement and older individuals residing in rural areas. (OAA 305(a) (2) (E))

Note: 45 CFR 1321.69(a) states the following shall be given priority in the delivery of services: Persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated.

(36) “Unduplicated Client Count” means counting a recipient of a service only once during the reporting period. (Definition developed by SUA)

(37) “Unit Count” means the number of units of service received by an unduplicated client during the reporting period. (Definition developed by SUA)

(38) “Volunteer” An uncompensated individual who provides services or support on behalf of older individuals. Only staff working under the AAA, not the AAA contractors, shall be included. (AoA Title III/VII Reporting Requirements Appendix – Definitions)

(39) “Voluntary Contributions” means a non-coerced monetary sum provided toward the cost of service. (OAA 315(a) (5) (b) (1))

NOTE – Definitions that have references to the OAA or AoA Title III/IV Reporting Requirements Appendix – Definitions can be accessed by using the following links.

Older American’s Act (OAA) - http://www.aoa.gov/AOA_programs/OAA

Title III and IV Reporting Requirements -

http://www.aoa.acl.gov/Program_Results/docs/SPR_Form_2013.pdf

Appendix 1 - Service and Unit Descriptions

Group 1 Caregiver Services

Requires reporting caregiver's age, gender, rural, race, ethnicity, relationship to service recipient, unduplicated caregiver count, and units of services.

CAREGIVER SELF-DIRECTED CARE (formerly known as Cash & Counseling)

Matrices #73 (serving elderly) 73a (serving children) (1 unit = 1 client served)

Services provided or paid for through allowance, vouchers, or cash which is provided to the client so that the client can obtain the supportive services which are needed. (AoA Title III/VII Reporting Requirements)

CAREGIVER COUNSELING

Matrices #70-2a (serving elderly) 70-2b (serving children) (1 unit = 1 session per participant)

Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families). (AoA Title III/VII Reporting Requirements Appendix – Definitions)

CAREGIVER SUPPLEMENTAL SERVICES

Matrices #30-7 (serving elderly) 30-7a (serving children) (1 unit = 1 payment)

Services provided on a limited basis that complement the care provided by family and other informal caregivers. Examples of supplemental services include, but are not limited to, legal assistance, home modifications, transportation, assistive technologies, emergency response systems and incontinence supplies. (AoA Title III/VII Reporting Requirements Appendix – Definitions)

Note: Home-delivered meals and transportation to caregivers serving elderly or caregivers serving children are to be reported under this matrix. Refer to Caregiver Standards for expanded list of examples.

No ADL/IADL is required for supplemental services to caregivers serving children. For caregivers serving elderly, service priority should always be given to caregivers providing services to individuals meeting the definition of 'frail'. (See General Terms and Definitions)

CAREGIVER SUPPORT GROUPS

Matrices #30-6 (serving elderly) 30-6a (serving children) (1 unit = 1 session per participant)

Peer groups that provide opportunity to discuss caregiver roles and experiences and which offers assistance to families in making decisions and solving problems related to their caregiving roles. (DHS/APD/SUA definition)

CAREGIVER TRAINING

Matrices #70-9 (serving elderly) 70-9a (serving children) (1 unit = 1 session per participant)

Training provided to caregivers and their families that supports and enhances the care giving role. For example: Powerful Tools for Caregivers, Savvy Caregiver, Communicating Effectively with Health Care Professionals; conferences, etc. (A session for conferences would be equal to one day's attendance at the conference). (DHS/APD/SUA definition)

Note: This does not include training to paid providers.

RESPIRE CARE

Matrices #30-4 (funded with OPI) #30-5 (serving elderly) 30-5a (serving children) (1 unit = 1 hour see notes)

Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite); (2) respite at a senior center or other nonresidential program; (3) respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time; (4) and for grandparents/relatives caring for children – day or overnight summer camps. (AoA Title III/VII Reporting Requirements Appendix –Definitions)

Note: OAA 373 (a)(2)(A & B) states priority shall be given to caregivers providing services to individuals whom meet the definition of 'frail'. (See General Terms and Definitions).

Group 2 Caregiver Services

Requires reporting service units and estimated unduplicated caregiver count or when applicable, an estimated number of caregivers and service units.

No demographics are required.

SPR Q&A #28, released in 2008 states units of service for overnight institutional respite and overnight summer camps are more appropriately reported by days than hours. Example: Two days of institutional respite is 2 units (not 48 units) and six days at camp equal 6 units instead of 144.

CAREGIVER ACCESS ASSISTANCE

Matrices #16 (serving elderly) 16a (serving children) (1 unit = 1 contact)

A service that assists caregivers in obtaining access to the available services and resources within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (AoA Title III/VII Reporting Requirements Appendix – Definitions)

Note: Case management and information and assistance to caregivers is an access service.

INFORMATION FOR CAREGIVERS

Matrices #15 (serving elderly) and 15a (serving children) (1 activity)

A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (AoA Title III/VII Reporting Requirements Appendix – Definitions)

Note: Service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities.

FAMILY CAREGIVER INTAKE FORM**Date:**

Caregiver Name: _____

SSN: _____

☐ Male ☐ Female

Address: Home _____

Mailing _____

City/St./ZIP _____

City/St./ZIP _____

Phone: Home/Cell _____

Work _____

E-mail _____

Race *Check all that apply*

- ☐ White ☐ Native American/Pacific Islander
☐ Asian ☐ American Indian/Alaska Native
☐ Black ☐ Unknown

Ethnicity

Client is Hispanic or Latino?

☐ Yes ☐ No ☐ Unknown**Relationship to Care Receiver**☐ <<Relationship Not Reported>>Caregiver of any age: ☐ Husband ☐ Wife ☐ Son ☐ Son-in-Law ☐ Daughter☐ Daughter-in-Law ☐ Other Fam. Member ☐ Non-RelativeWhen Caregiver is ☐ Grandparent ☐ Other Elderly Relative

Grandparent Status 55+: How many children under age 18 does the caregiver care for?

Emergency Contact

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

City/St./ZIP: _____

Cell Phone: _____

E-Mail: _____

Relationship ☐ Child ☐ Friend ☐ Grandchild ☐ Neighbor ☐ Parent ☐ Sibling
☐ Spouse ☐ Other Fam. Member ☐ Not Related

Care Receiver Information:

Name: _____

DOB: _____

SSN: _____

Address: _____

Gender: ☐ Male ☐ Female

City/St./ZIP: _____

Phone: _____

Physician: _____

Phone: _____ Ext. _____

Does the care receiver have a dementia diagnosis? ☐ Yes ☐ No**Health Status/Diagnosis**

Field will expand with entry

Benefits/Income

What is your average monthly income? _____

Poverty Level Guidelines: <https://www.healthcare.gov/glossary/federal-poverty-level-FPL/>Is the care receiver a veteran? ☐ Yes ☐ NoIf yes, does the care receiver or caregiver currently receive services? ☐ Yes ☐ No

If yes, what services? _____

Are services being received by any other agencies such as county, state or other organization? ☐ Yes ☐ No

If yes, what agency? _____

Living SituationsDoes the caregiver live with the care receiver? Yes ☐ No ☐

If No, then who does the care receiver live with? _____

1. Who is the primary caregiver? _____ Relation: _____
2. Is there a back-up/secondary caregiver? Who? _____
3. Are there cultural or ethnic preferences? _____
4. What does the caregiver need help with the most? _____
5. Quality of relationship? _____
6. Length of caregiving? _____ Years _____ Months
7. Is the caregiver employed? _____
8. Is quality and amount of care satisfactory? _____
9. How is the health of the caregiver? _____
10. Other support received by caregiver or care receiver? _____
11. Impact of caregiving (indicated + or -) _____ Social _____ Financial _____ Work Strain _____ Health _____ Family Relationship _____

Caregiver Support Services

Please check all that apply for this caregiver

- ☐ Caregiver Access Assistance (#16/16a)
- ☐ Caregiver Respite (#30-5/30-5a)
- ☐ Caregiver Supplemental Svcs. (#30-7/30-7a)
- ☐ Caregiver Training (#70-9/70-9a)
- ☐ Support Groups for Caregivers (#30-6/30-6a)
- ☐ Information for Caregivers (#15/15a)

Caregiver Receiver Information

F=Full Assist, S=Substantial Assist, M=Minimal Assist, I=Independent

IADL ☐ No IADL Needs**ADL** ☐ No ADL Needs**F S M I****F S M I**☐ ☐ ☐ ☐ Food Preparation☐ ☐ ☐ ☐ Bathing☐ ☐ ☐ ☐ Heavy Housework☐ ☐ ☐ ☐ Behavior☐ ☐ ☐ ☐ Housekeeping☐ ☐ ☐ ☐ Dressing☐ ☐ ☐ ☐ Managing Finances☐ ☐ ☐ ☐ Eating☐ ☐ ☐ ☐ Medication Mgmt.☐ ☐ ☐ ☐ Eliminating☐ ☐ ☐ ☐ Shopping☐ ☐ ☐ ☐ Mobility/Walking☐ ☐ ☐ ☐ Taking Medication☐ ☐ ☐ ☐ Hygiene/Grooming☐ ☐ ☐ ☐ Using Telephone☐ ☐ ☐ ☐ Transferring☐ ☐ ☐ ☐ Using Transportation

Other Needs of Care Receiver? _____

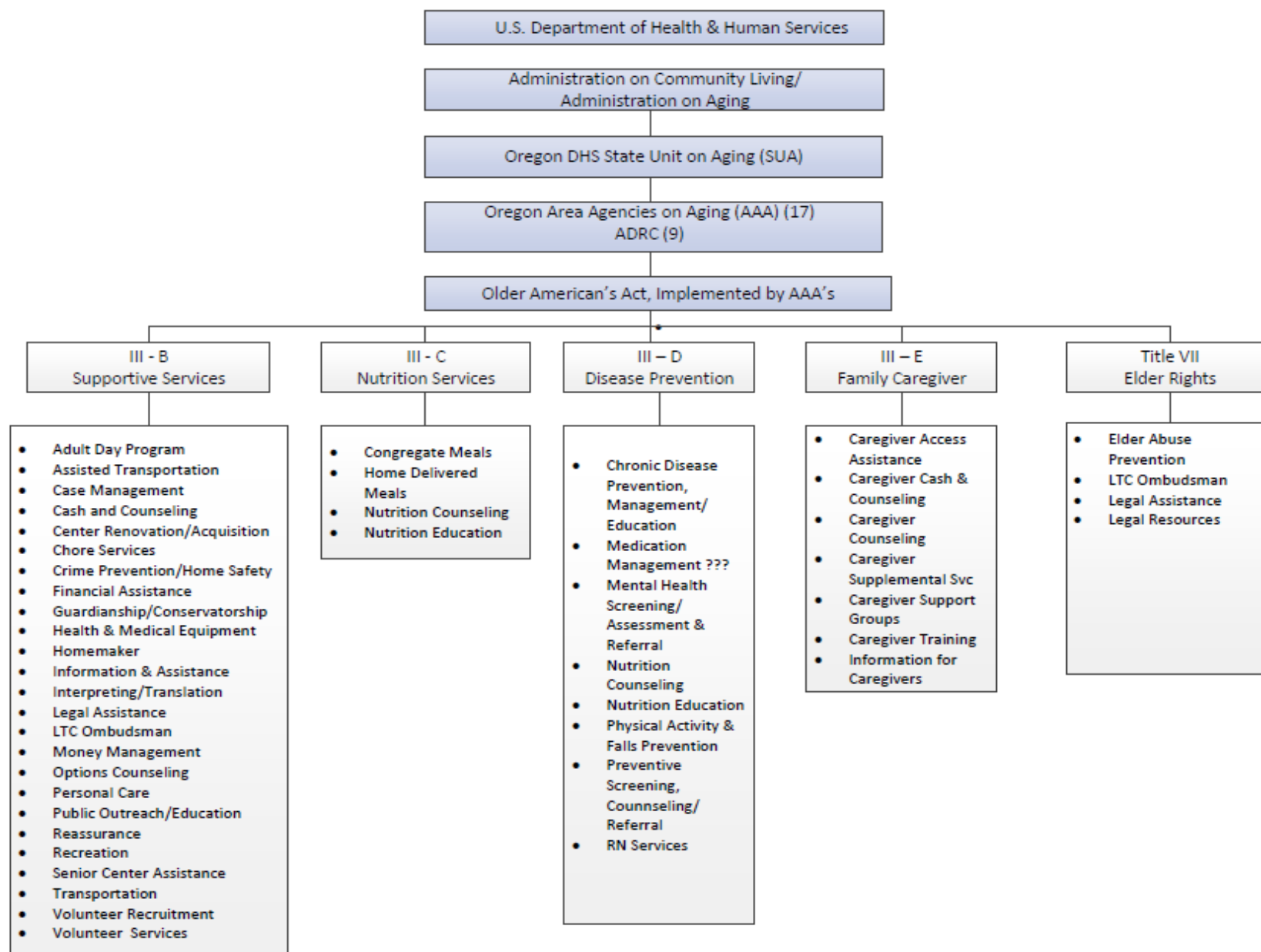
Action Plan

- ☐ Assist to access resources ☐ Respite ☐ Consultation ☐ Ed/Training ☐ Case Management
- ☐ Transportation ☐ Support Groups ☐ Counseling ☐ Other (see below)

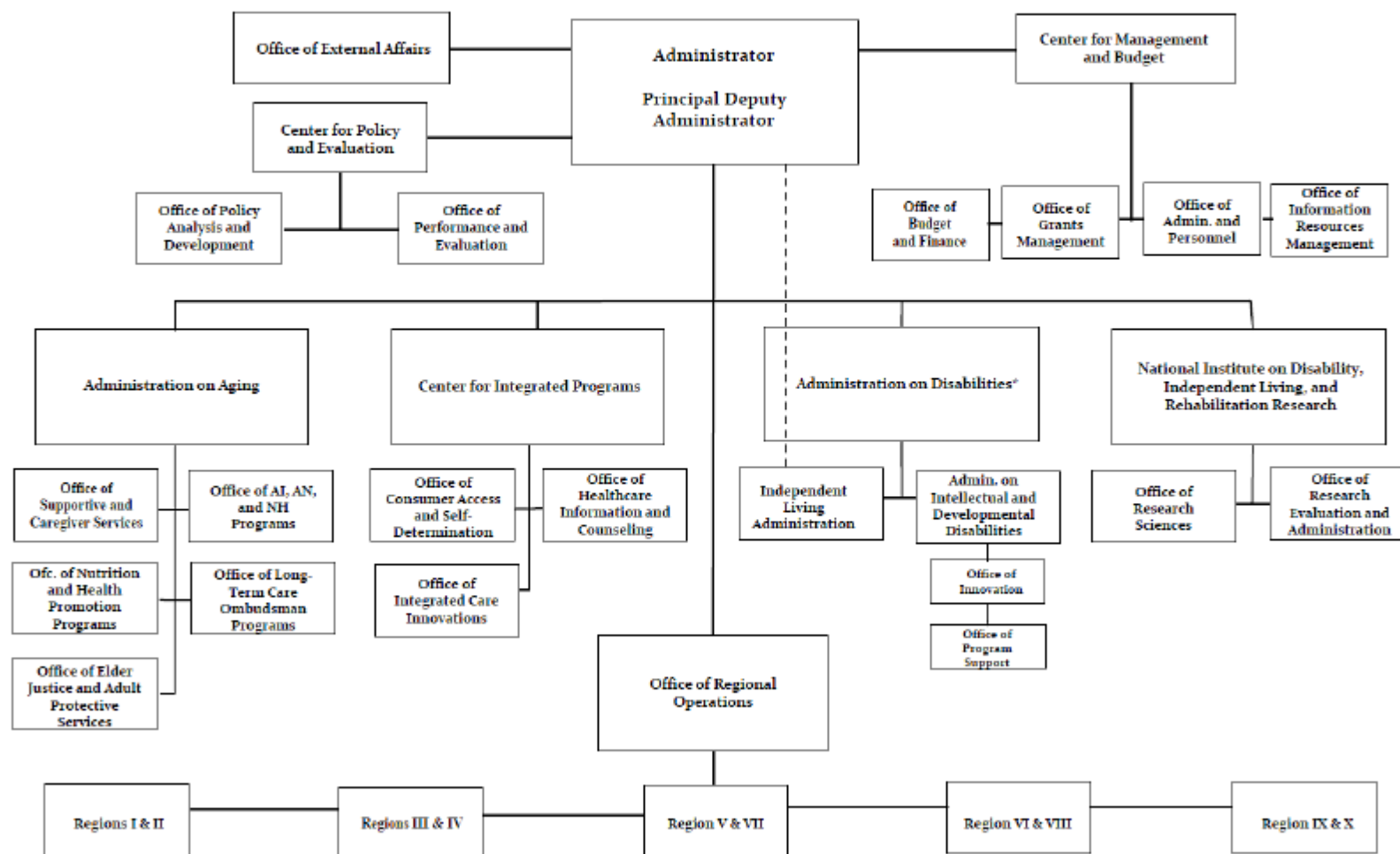
Referred to: _____

Field will expand with entry

Follow-up needed:



ADMINISTRATION FOR COMMUNITY LIVING ORGANIZATIONAL CHART



*The Administration on Disabilities is headed by a Commissioner, who reports directly to the Administrator, and a Deputy Commissioner/Director of Independent Living. In this dual role, the Deputy Commissioner/Director of Independent Living serves as a member of the Administrator's senior leadership and reports directly to the Administrator in carrying out the functions of the Director of Independent Living consistent with Section 701A of the Rehabilitation Act.