*Please fill out form as completely as possible.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLIENT INFORMATION (PLEASE COMPLETE WITH FCSP CARE RECEIVER INFORMATION)** | | | | | | | | | | | |
| **Action**  RegisterDateCloseDateChange/AddDateDeceasedDate | | | | | | | | | | | |
| **Client’s Last Name First Middle** | | | | | | | | | **Prime or Case Number** (assign CaseNumber if no Prime)**\*** | | |
| **Social Security** | **Nickname** | | | | | **Birthdate** | | | **Client Email** | | |
| **Street Address Apt/Space No City State Zip** | | | | | | | | | | | **Phone Number**  (     ) |
|  | | | | | **FOR FEDERAL REPORTING** | | | | | |  |
| **Origin** *Select as many as apply*  A B C D  E  F  G  H  I  J  K | | | **Gender**  1  2 3 | | **Ethnicity**  *check one*  1  2  9 | | **Race**  1  2  3  4  7  8  9 | **Marital Status**  1  2  3  4  5  6  9 | | | **Languages Spoken**       ,  **Language Read**  **Living Situation** |
| **Number in Household** | | | **Monthly Household Income** | | | | **Income Sources *use all codes on reverse that apply*** | | | | | |
| **FAMILY CAREGIVER**  **INFORMATION** | | (Please Indicate Care Receiver’s Name, Prime or Case Number, gender, birthdate, ethnicity, and race above. ) | | | | | | | | | |
| **Action**  RegisterDateCloseDateChange/AddDateDeceasedDate | | | | | | | | | | | |
| **Caregiver’s Last Name First Middle** | | | | | | | | | **Prime or Case Number** (assign CaseNumber if no Prime)**\*** | | |
| **Social Security** | **Nickname** | | | | | **Birthdate** | | | **Caregiver Email** | | |
| **Street Address Apt/Space No City State Zip** | | | | | | | | | | | **Phone Number**  (     ) |
|  | | | | | | **FOR FEDERAL REPORTING** | | | | |  |
| **Origin** *Select as many as apply*  A B C D  E  F  G  H  I  J  K | | | **Gender**  1  2 3 | | **Ethnicity**  *check one*  1  2  9 | | **Race**  1  2  3  4  7  8  9 | **Marital Status**  1  2  3  4  5  6  9 | | | **Languages Spoken**       ,  **Language Read**  **Living Situation** |
| **Number in Household** | | | **Monthly Household Income** | | | | **Income Sources *use all codes on reverse that apply*** | | | | | |
| **Caregiver Relationship to Care Receiver**  **1**  2  3  4  5  6  9 | | | | **Grandparents and Other Elderly Caregivers Relationship**  1  2  9 | | | | | | **How many children under age 18 are you caring for** | |
| **AGENCY AND SERVICE INFORMATION (PLEASE FILL OUT COMPLETELY)** | | | | | | | | | | | |
| **REGISTRY AGENCY** (Use codes on reverse)  Org/Site       Staff/Load Code       Affiliate Agencies (other sites client is receiving services) | | | | | | | | | | | |
| **REGISTRATION** (*Check all that apply. DO NOT complete for Case Management (OAA, OPI, Incomplete Assessment or MPI)).*  Family Caregiver Case Grandparent Support Group (G9)  Ethnic Meals (4)  Management (34)  Grandparent Training (GP)  Transportation: Immediate, Bus Tickets  FCSP Support Group (9G)  Ethnic Minority Outreach and and passes  FCSP Training (9F) Assistance (3M)  STAR-Caregiver (3S)  CMA Volunteer (3V)  Other Needs/Comments  CMA Employee (3C)  \*If client entered in Oregon Access a Prime Number has been assigned, if not, assign client a temporary 8 character long Case Number, example: ***XX-0001.*** | | | | | | | | | | | |

*FORM CODES*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORGANIZATION/SITE** | | | | | | | | | | |
| AA = ADVSD Central Office  **District Centers:**  EC = East DC  ME = IRCO Mid DC  NE = Hollywood Senior Center – N/NE DC  NH = Neighborhood House – West DC  PT = Impact NW – SE DC | | | **Enhancing Equity**  AF = African American Health Coalition NR = NARA  AS = Asian Health and Service Center NY = NAYA  GG = Friendly House/SAGE PH = Catholic Charities/El Programa Hispano  IN = Impact NW UR = Urban League  IR = IRCO | | | | | | | |
| **FEDERAL** | | |  | | | | | | | |
| GENDER 1 = Male  2 = Female  3 = Other | RACE 1 = White/  Caucasian  2 = Asian  3 = Black/ African American  4 = American Indian/ Alaska Native  7 = Native Hawaiian/ Pacific Islander  8 = Some Other Race  9 = Not Reported/ Unknown/Blank | | MARITAL STATUS  1 = Married  2 = Widowed  3 = Single /  Never Married  4 = Separated  5 = Divorced  6 = Domestic Partner  9 = Not Reported/  Unknown/Blank | | | **ORIGIN**  A=African  B=Asian  C=Black/African American  D=Latino/Hispanic  E=Middle Eastern  F=Native American or Alaska Native  G=Native Hawaiian or Pacific Islander  H=Slav  I=White  J=Decline to Answer  K=Unknown | | | **CAREGIVER RELATIONSHIP TO CARE RECEIVER**  1 = Husband  2 = Wife  3 = Son/Son-in-Law  4 = Daughter/ Daughter-in-Law  5 = Non-Relative  6 = Other Relative  9 = Not Reported/ Unknown/Blank | |
| ETHNICITY 1 = Hispanic or Latino  2 = Not Hispanic or Latino  9 = Not Reported / Unknown/Blank |
| **GRANDPARENTS AND OTHER ELDERLY CAREGIVERS RELATIONSHIP** | | **LIVING SITUATION** | | | | | | | | |
| AF = Adult Foster Home  AP = Apartment  FH = Relative Foster Home  GH = Group Care Home  HL = Homeless | | LF = Assisted Living Facility  NF = Nursing Facility  OH = House  OT = Other | | | RB = Room and Board  RF = Residential Care Facility  SL = Specialized Living Facility  XX = Not Reported/ Unknown/Blank | | | |
| 1 = Grandparents  2 = Other Relative Elderly  3 = Other Elderly Non-Relative  9 = Not Reported/ Unknown/Blank | |
| **INCOME TYPES** | | | | | | | | |
| EM = Present Employment  OR = Other Retirement or Pension  OT = Other | | | SB = Social Security Benefits  SD = Social Security Disability | | | SI = Supplement Security Income  UC = Unemployment Compensation  VA = Veterans Benefits | | |
| **LANGUAGE** | | | | | | | | | |
| AE = Armenian AF = Afrikaans AG = Afghan AL = Albanian AM = Amharic  AR = Arabic BA = Bantu BE = Bengali BN = Bosnian BU = Brumese  CA = Cambodia CF = Creole French CH = Chamarro CO = Croatian CT = Cantonese  CZ = Czech DA = Danish DU = Dutch EN = English ES = El Salvadorian Indian Dialect  FA = Farsi FC = French Creole Haitian FJ = Fijian FN = Finnish  FR = French GA = Gaelic GE = German GR = Greek GT = Guatemalan Indian Dialect  GU = Gujarati HE = Hebrew HI = Hindi HL = Hearing Loss HM = Hmong  HU = Hungarian IL = Ilocano IN = Indonesian IR = Iranian IT = Italian JA = Japanese  KN = Kannada KO = Korean KU = Kurdish LA = Laotian MA = Mandarin  ME = Mexican Indian Dialect MI = Mien MN = Mayan MR = Marshallese  MY = Malay(Malayan) NI = Native American Dialect NO = Norwegian OO = Oromo  PA = Pashto/Pashtu PE = Persian PL = Polish PO = Portuguese PU = Punjabi  RO = Romanian RU = Russian SA = Samoan SE = Serbian SH = Swahili  SI = Sign Language SM = Somali SO = Serbo Croatian SP = Spanish SW = Swedish  TA = Tagalog TC = Tao Chiew TG = Tigrinia TH = Thai TI = Tigre  TM = Tamil TN = Tongon TT = Tibetan TW = Taiwanese UR = Urdu  VI = Vietnamese WE = Welsh YI = Yiddish OT = Other | | | | | | | | | |