

UCR - Family Caregiver Support Program

This program is designed to provide support for the Caregiver.

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Client Search

Do a Client Search to see if the **Caregiver** and the **Care Receiver** are already in UCR. Both the Caregiver and Care Receiver need to be in UCR to add the Referral.

- Find Person Page
- Enter Search Criteria

Multnomah County UAT - RealID UCR

Your search returned no results

Search Person Referral Administration Contract Deliverables Contract Payment Management NMTP Transfer Caseloads Reports LTSS Reports

Find Person

Last Name: First Name: Nickname/Alias:

SSN: Prime #: Alt ID:

Date of Birth: Client ID:

Didn't find who you were looking for? [Create New Person](#)

Show entries Filter

Last Name ^	First Name ^	MI ^	Nickname ^	DOB ^	SSN ^	Prime # ^	Alt ID ^	Gender ^	OA Status ^	UCR Status ^
No person found.										

Add a Caregiver and/or Care Receiver

If your search is returned with “no results”, add the Caregiver and/or Care Receiver

- Create New Person

Multnomah County UAT - RealID UCR

Your search returned no results

Search Person Referral Administration Contract Deliverables Contract Payment Management NMTP Transfer Caseloads Reports LTSS Reports

Find Person

Last Name: Duck First Name: Donald Nickname/Alias:

SSN: Prime #: Alt ID:

Date of Birth: Client ID:

Search Clear

Didn't find who you were looking for? [Create New Person](#)

Show 25 entries Filter

Last Name	First Name	MI	Nickname	DOB	SSN	Prime #	Alt ID	Gender	OA Status	UCR Status
No person found.										

- Enter the Name, Date of Birth and Prime if applicable

Multnomah County UAT - RealID UCR

Search Person Referral Administration Contract Deliverables Contract Payment Management NMTP Transfer Caseloads Reports LTSS Reports NMTP Reports

Find Person

Last Name: Duck First Name: Donald Nickname/Alias:

SSN: Prime #: Alt ID:

Date of Birth: Client ID:

Search Clear

Didn't find who you were looking for? [Create New Person](#)

Show 25 entries Filter:

Add Person

Last Name: Duck First Name: Donald Date of Birth: 01/01/1960 Declined To State:

SSN: Prime #: Alternate ID:

Save Cancel

Add a Referral

- Edit Person Page
- Referrals Tab
- + Add New Referral

Multnomah County UAT - RealID **UCR**

Search Person Referral Administration Contract Deliverables Contract Payment Management NMTF Transfer Caseloads Reports LTSS Reports NMTF Reports

Edit Person

Name: DUCK, DONALD DOB: 01/01/1960 Age: 63
Prime Number: Alt ID: MCX97YNB SSN: Medicare #:
Gender: Primary Language:

Other System Information
OA Import Status: Not Imported
UCR Client ID: 170777 MOW Client ID: GetCare ID:

Demographics Contact Info Financial OAA Notes Client Alerts **Referrals** 0

Active Referrals 0 Closed Referrals 0 Request History

List of active referrals only. See history tabs for list of all referrals/services.

+ Add New Referral

Show 25 entries

Referral ID	Program	Status	Referred On	Assigned To/Staff
No referrals found for this person.				

Showing 0 to 0 of 0 entries

1. Program: Family Caregiver Case Management
2. Referral Received On:
3. Source of Referral:
4. Assigned To:
5. Staff Member:

Add Program Referral

1 Program: Family Caregiver Case Management

2 Referral Received On: 08/01/2023 3 Source of Referral: Self (Client)

4 Assigned To: URBAN LEAGUE PDX 5 Staff Member: Case Worker, Temporary (DNJ)

Save Cancel

Add Care Receiver

- Edit Program Referral Page
- Care Receiver (s) Tab
- Add Care Receiver

Multnomah County UAT - RealID UCR

Search Person Referral Administration Contract Deliverables Contract Payment Management NMTF Transfer Caseloads Reports LTSS Reports NMTF Reports

Edit Program Referral

Family Caregiver Case Management Referral Status: Pending Service Request Referral ID: 135915 [Add/View Notes](#)

Person: DUCK, DONALD DOB: 01/01/1960 Age: 63 Prime #/Alt ID: MCX97YNB Client ID: 170777

Referral Date: 08/01/2023 Referral Source: Self (Client) Assigned To/Staff: URBAN LEAGUE PDX: [Redacted]

Care Receiver(s): **No Care Receivers Selected**

Referral Detail Service Requests Notes Documents Service History Close Referral Referrals 1

Information **Care Receiver(s)**

Add Care Receiver

Care Receivers

Action	Name	Prime / Alt ID	DOB	Age	CG Relationship	Disability	Last As
No Care Receiver(s) found							

Prior Care Receivers

Action	Name	Prime / Alt ID	DOB	Age
No Prior Care Receiver(s) found				

1. Last Name
2. First Name

Add Care Receiver

Care Receiver

1 Last Name: duck 2 First Name: daisy

Prime/Alt ID: [] Find

Care Receiver Details

DUCK, DONALD is the [Select One] of

Care Receiver has a disability:

Diagnosis of Care Receiver:

- Select the Care Receiver

Identify the Care Receiver

Last Name: First Name:
 Prime/Alt ID: SSN:

Select	Name	Prime/Alt ID	SSN	DOB	Age
<input type="button" value="Select"/>	Duck, Daisy	MC0F6VN5		11/11/1965	57

Showing 1 to 1 of 1 entries 1

Enter the Care Receiver Details

1. Add the Relationship to the Care Receiver
2. Care Receiver has a disability? if applicable
3. Diagnosis of Care Receiver: all that apply
4. Active Dates:
 - a. Start Date

Add Care Receiver

Care Receiver
 Last Name: First Name:
 Prime/Alt ID:
 Name: DUCK, DAISY Age: 57

Care Receiver Details
 1 DUCK, DONALD is the of DAISY DUCK
 2 Care Receiver has a disability:
 3 Diagnosis of Care Receiver:
 Alzheimers/Dementia Hospice/Palliative Care
 Parkinsons Cancer
 Hypertension Multiple Sclerosis (MS)
 Stroke Other

Active Dates
 4 Start Date End Date Inactivation Reason

Add New Assessment

In order for the Caregiver to be eligible to receive an Award for “Goods and Services” or Respite, the **Care Receiver** must have a minimum of 2 Substantial Assistance ADLs.

- Edit Program Referral Page
- Referral Detail Tab
- FCSP ADL/IADL Tab
- Add New Assessment

The screenshot shows the 'Edit Program Referral' page in the UCR system. The page header includes 'Multnomah County', 'UAT - RealID', and 'UCR'. The main content area displays referral details for 'Family Caregiver Case Management' with a status of 'Pending Service Request'. Key information includes the person 'DUCK, DONALD', DOB '01/01/1960', Age '63', Referral Date '08/01/2023', and Care Receiver(s) 'Daisy Duck'. The 'FCSP ADL/IADL' tab is selected, and a red arrow points to the 'Add new assessment' button.

1. Assessment Date
2. Care Receiver

The screenshot shows a dialog box titled 'Enter details of assessment'. It contains two required fields: 'Assessment Date' (marked with a red circle 1) and 'Care Receiver' (marked with a red circle 2). The 'Care Receiver' field is populated with 'Duck, Daisy'. At the bottom right, there are two buttons: 'Get Questions' (highlighted with a red arrow) and 'Cancel'.

- Answer all the questions

Enter details of assessment ✕

Food Preparation: *	
Heavy Housework: *	
Housekeeping: *	
Managing Finances: *	
Medical Management: *	
Shopping: *	
Taking Medication: *	
Using Telephones: *	
Using Transportation: *	

Save
Cancel

Add Household Income

In order to be eligible to receive an Award for “Goods and Services” or Respite, the **Caregiver** must have an income level of less than 400% of the FPL - medical expenses.

- Select the client’s name

UAT - RealID
UCR

Search Person Referral Administration Contract Deliverables Contract Payment Management NMTP Transfer Caseloads Reports LTSS Reports NMTP Reports

Edit Program Referral

Family Caregiver Case Management

Person: DUCK, DONALD

Referral Date: 08/01/2023

Care Receiver(s): Daisy Duck

Referral Status: Pending Service Request

DOB: 01/01/1960 Age: 63

Referral Source: Self (Client)

Referral ID: 135915 [Add/View Notes](#)

Prime #/Alt ID: MCX97YNB

Assigned To/Staff: URBAN LEAGUE PDX:

Client ID: 170777

Referral Detail Service Requests Notes Documents Service History Close Referral Referrals 1

Information Care Receiver(s) FCSP ADL/IADL FCG Award History

+ Add new assessment

Full Name	Assessment Date ↓	ADL Score	IADL Score	Entered By	Agency
Duck, Daisy	8/1/2023	7/8 87.5%	9/9 100%	FITZGERALD, Michelle	ADVSD-CS

- Edit Person Page
- Demographics Tab
 1. Real-D Q11: Monthly Income
 - a. Tab
 2. Calculate Income Range

UAT - RealID **UCR**

Search Person Referral Administration Contract Deliverables Contract Payment Management NMTP Transfer Caseloads Reports LTSS Reports NMTP Reports

Edit Person

Name: DUCK, DONALD DOB: 01/01/1960 Age: 63
 Prime Number: Alt ID: MCX97YNB SSN: Medicare #:
 Gender: Primary Language:

Other System Information
 OA Import Status: Not Imported
 UCR Client ID: 170777 MOW Client ID: GetCare ID:

Demographics Contact Info Financial OAA Notes Client Alerts Referrals 1

Identification
 Real-D Q1-Q7: Language, SOGI
 Real-D Q8-Q9: Race/Ethnic Identification
 Real-D Q10-Q15: Household

10. What is your current marital or relationship status?
 Select one...

1 11. What is your current monthly income?
 FPL: Monthly Income 3,000.00 Unknown/Decline to Answer

2 Calculate Income Range

Effective Date: Number in Household:
 Client's FPL: Income Range:
 Poverty Guideline Used: Monthly Threshold:

1. Effective Date
2. Number in Household
 - a. Tab

Calculate Income Range

Current monthly income: 3,000.00

1 Effective Date: 08/01/2023

2 Number in Household (including yourself): 2

Poverty Guideline in use: 2023
 Annual Threshold: \$19,720.00
 Monthly Threshold: \$1,643.00

Client's FPL: 183%
 Real-D Income Range: Above 150%

Continue Cancel

- Select Save at the bottom of the Real-D Section

11. What is your current monthly income?
FPL: Monthly Income Unknown/Decline to Answer
[Calculate Income Range](#)

Effective Date: 08/01/2023	Number in Household: 2
Client's FPL: 183%	Income Range: Above 150%
Poverty Guideline Used: 2023	Monthly Threshold: \$1,643.00

12. Do you live alone or with someone else?
Select one...
If Other, Specify:

13. What type of home do you live in, for example, do you own a home, rent, or live in an assisted living facility?
Select one...
If Other, Specify

14. Urban/ Rural/ Frontier?
Urban

15. Has anyone in your household ever served in the military?
Select one...
Veteran ID#

How to Request a Grant for a Caregiver

1. [Fill out the Caregiver Grant Intake Form](#)
2. Email the form to: family.caregiver@multco.us