

**COUNTY OF SAN MATEO AGING AND ADULT SERVICES - OLDER AMERICAN ACT PROGRAMS  
FAMILY CAREGIVER SUPPORT PROGRAM – CARING FOR ELDERLY / CARING FOR CHILD**

**SECTION 1 – Service Information**

<b>Provider Name:</b>	<b>Registration/Assessment Date:</b>
	<b>Termination Date: Reason:</b>
<b>Service Categories:</b>	
<input type="checkbox"/> Caregiver Caring for Elderly	<input type="checkbox"/> Grandparent/Older Caregiver Caring for Child

**SECTION 2 – Eligibility Criteria**

**Caregiver Caring for Elderly Eligibility Criteria**

1. Is the Care Receiver an older individual (60 years of age or older) **or** an individual (of any age) with Alzheimer’s disease or related disorder with neurological and organic brain dysfunction?  Yes  No

2. Is the Caregiver an adult (18 years of age or older) family member or another individual (e.g., friend or neighbor) who is an informal (i.e., unpaid) provider of in-home or community care to an “elderly” Care Receiver?  Yes  No

*If answered “yes” to both questions above, check “Family Caregiver Caring for Elderly” box in Section 1.*

**Grandparent/Older Caregiver Caring for Child Eligibility Criteria**

1. Is the Care Receiver an individual who is not more than 18 years of age **or** who is an individual (of any age) with a disability?  Yes  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.  Yes  No

*If answered “yes” to both questions above, check “Grandparent/Older Caregiver Caring for Child” box in Section 1.*

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

- Support Services**
- Respite Care Services** *(Care Receiver has to have 2 or more ADL limitations or a cognitive impairment, or be a grandparent/elder caregiver to qualify)*
- Supplemental Services:** *(Care Receiver has to have 2 or more ADL limitations or a cognitive impairment, or be a grandparent/older caregiver to qualify)*
- Access Assistance**
- Information Services**

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**SECTION 3 — FCSP Caregiver Information**

<b>Caregiver Personal Data (Please Print):</b>	
<b>First Name:</b>	
<b>Middle Initial:</b>	
<b>Last Name:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State
<b>Birth Date:</b>	
<b>Social Security #</b> <i>Optional</i>	
<b>Home Phone #:</b>	(      )
<b>Residential Address:</b>	
<b>Street:</b>	
<b>City:</b>	
<b>Zip Code:</b>	
<b>Mailing Address:</b>	
Same As Residential? <input type="checkbox"/> Yes – Skip to Next Section	
<b>Street:</b>	
<b>City:</b>	
<b>Zip Code:</b>	
<b>Notes:</b>	

<b>*Ethnicity:</b>	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
<b>*Federal Poverty Level (FPL)</b>	<input type="checkbox"/> At or below FPL <input type="checkbox"/> Above FPL <input type="checkbox"/> Declined to State \$ 1,005 or less per mo. 1 person \$ 1,353 or less per mo. 2 persons
<b>*Lives Alone?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
<b>*Rural?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
<b>*Race: (Please Check ONE)</b>	
<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	
<b>Care Receiver</b> _____	
<b>Care Receiver</b> _____	
<b>Care Receiver</b> _____	
<b>Relationship to Care Receiver</b>	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Grandparent <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other Relative <input type="checkbox"/> Daughter/Daughter-in-law <input type="checkbox"/> Son/Son-in-law <input type="checkbox"/> Non Relative <input type="checkbox"/> Declined to State
<b>Relationship Status:</b>	<input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State
<b>Employment:</b>	<input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Declined to State <input type="checkbox"/> Retired

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**SECTION 4 — FCSP Care Receiver Information**

Please complete a separate form for each care receiver – Caring for Child

<b>Care Receiver Personal Data (Please Print):</b>	
<b>First Name:</b>	
<b>Middle Initial:</b>	
<b>Last Name:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State
<b>Birth Date:</b>	
<b>Social Security # Optional</b>	
<b>Home Phone #:</b>	(      )
<b>Residential Address:</b>	
<b>Street:</b>	
<b>City:</b>	
<b>Zip Code:</b>	
<b>Mailing Address:</b>	
Same As Residential? <input type="checkbox"/> Yes – Skip to Next Section	
<b>Street:</b>	
<b>City:</b>	
<b>Zip Code:</b>	
<b>Notes:</b>	

<b>Ethnicity:</b>	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
<b>Federal Poverty Level (FPL)</b>	<input type="checkbox"/> Yes (At or below FPL) <input type="checkbox"/> No (Above FPL) <input type="checkbox"/> Declined to State \$ 1,005 or less per mo. 1 person \$ 1,3535 or less per mo. 2 persons
<b>Lives Alone?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
<b>Rural?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
<b>Race: (Please Check ONE)</b>	
<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	
<b>Care Giver</b> _____	
<b>Relationship Status:</b>	<input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State

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**SECTION 5 – FCSP Caring for the Elderly - Care Receiver  
ADL and IADL (Activities of Daily Living and Instrumental Activities of Daily Living)**

*Required for the Care Receiver only in Support Services, Respite Care, and Supplemental Services.*

*Do not complete Section 5 for Care Receivers in FCSP Grandparents/Older Caregiver Caring for Children*

<b>ADLs:</b>	<b>1 – Independent</b>	<b>2 – Verbal Assistance</b>	<b>3 – Some Human Help</b>	<b>4 – Lots of Human Help</b>	<b>5 – Dependent</b>	<b>Declined to State</b>
Eating						
Bathing						
Toileting						
Transferring In/Out of Bed/Chair						
Walking						
Dressing						
<b>Notes:</b>						
<b>IADLs:</b>	<b>1 – Independent</b>	<b>2 – Verbal Assistance</b>	<b>3 – Some Human Help</b>	<b>4 – Lots of Human Help</b>	<b>5 – Dependent</b>	<b>Declined to State</b>
Meal Preparation						
Shopping						
Medication Management						
Money Management						
Using Telephone						
Heavy Housework						
Light Housework						
Transportation						
<b>Notes:</b>						