

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

**SECTION 1 – Service Information**

|                       |  |
|-----------------------|--|
| <b>Provider Name:</b> | <b>Registration / Assessment Date:</b> |
|                       | <b>Termination Date:</b>               |
|                       | <b>Reason:</b>                         |

**SECTION 2 – Eligibility Criteria**

|   |
|---|
| <p><b>Caregiver Caring for Elderly Eligibility Criteria</b></p> <p>1. Is the Care Receiver an older individual (60 years of age or older) <u>or</u> an individual (of any age) with Alzheimer's disease or related disorder with neurological and organic brain dysfunction?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>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?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> |
|---|

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

|   |
|---|
| <p><input type="checkbox"/> <b>Support Services</b></p> <p><input type="checkbox"/> <b>Respite Care Services</b> <i>(Care Receiver has to have 2 or more ADL limitations or a cognitive impairment)</i></p> <p><input type="checkbox"/> <b>Supplemental Services:</b> <i>(Care Receiver has to have 2 or more ADL limitations or a cognitive impairment)</i></p> <p><input type="checkbox"/> <b>Access Assistance</b></p> <p><input type="checkbox"/> <b>Information Services</b></p> |
|---|

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**SECTION 3 — FCSP Caregiver Information**

**Unique Participant ID:** \_\_\_\_\_

| <b>Caregiver Personal Data (Please Print):</b>  |  |                        |  |
|---|--|------------------------|--|
| <b>First Name:</b>  |  | <b>Middle Initial:</b> |  |
| <b>Last Name:</b>   |  |                        |  |
| <b>Birth Date:</b>  |  |                        |  |
| <b>Home Phone #:</b>  | (      )   |                        |  |
| <b>What is your gender:<br/>(Check only one)</b>  | a. Male<br>b. Female<br>c. Transgender Female to Male<br>d. Transgender Male to Female<br>e. Genderqueer / Gender Non-binary<br>f. Not listed, please specify: _____<br>g. Declined / not stated |                        |  |
| <b>What was your sex at birth:<br/>(Check only one)</b>                                     | a. Male<br>b. Female<br>c. Declined / not stated   |                        |  |
| <b>How do you describe your sexual orientation or sexual identity:<br/>(Check only one)</b> | a. Straight / Heterosexual<br>b. Bisexual<br>c. Gay / Lesbian/Same-Gender Loving<br>d. Questioning / Unsure<br>e. Not listed, please specify: _____<br>f. Declined / not stated                  |                        |  |
| <b>Residential Address:</b>   |  |                        |  |
| <b>City:</b>  |  |                        |  |
| <b>Zip Code:</b>  |  |                        |  |

|   |   |
|---|---|
| <b>Federal Poverty Level (FPL):</b><br>\$ 1,063 or less per month-1 person<br>\$ 1,437 or less per month-2 persons  | <input type="checkbox"/> Above FPL<br><input type="checkbox"/> At or below FPL<br><input type="checkbox"/> Declined to State  |
| <b>Lives Alone:</b>   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Declined to State   |
| <b>Rural:</b>   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Declined to State   |
| <b>Rural Area in San Mateo County</b>   |   |
| 94018 El Granada & Princeton-by-the-Sea<br>94019 Half Moon Bay<br>94020 La Honda<br>94021 Loma Mar  | 94037 Montara<br>94038 Moss Beach<br>94060 Pescadero<br>94074 San Gregorio  |
| <b>Ethnicity:</b>   | <input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Not Hispanic/Latino<br><input type="checkbox"/> Declined to State  |
| <b>Race: (Check only one)</b>   |   |
| <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Black<br><input type="checkbox"/> Multiple Race <input type="checkbox"/> Other Race <input type="checkbox"/> White  |   |
| Asian:<br><input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese<br><input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean<br><input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian <input type="checkbox"/> Vietnamese |   |
| Hawaiian/Other Pacific Islander:<br><input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian<br><input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan<br><input type="checkbox"/> Declined to State   |   |
| Care Receiver _____<br>Care Receiver _____<br>Care Receiver _____   |   |
| <b>Relationship to Care Receiver:</b>   | <input type="checkbox"/> Daughter / Daughter-in-law<br><input type="checkbox"/> Domestic Partner <input type="checkbox"/> Grandparent<br><input type="checkbox"/> Husband <input type="checkbox"/> Non-Relative<br><input type="checkbox"/> Other Relative <input type="checkbox"/> Son / Son-in-law<br><input type="checkbox"/> Wife<br><input type="checkbox"/> Declined to State |
| <b>Relationship Status of Care Giver</b>  | <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner<br><input type="checkbox"/> Married <input type="checkbox"/> Separated<br><input type="checkbox"/> Single (never married)<br><input type="checkbox"/> Widowed<br><input type="checkbox"/> Declined to State   |
| <b>Employment Status of Caregiver</b>   | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time<br><input type="checkbox"/> Retired <input type="checkbox"/> Unemployed<br><input type="checkbox"/> Declined to State   |

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**SECTION 4 — FCSP Care Receiver Information**

*Please complete a separate form for each care receiver*

**Unique Participant ID:** \_\_\_\_\_

|   |  |                        |  |
|---|--|------------------------|--|
| <b>First Name:</b>  |  | <b>Middle Initial:</b> |  |
| <b>Last Name:</b>   |  |                        |  |
| <b>Birth Date:</b>  |  |                        |  |
| <b>Home Phone #:</b>  | (      )   |                        |  |
| <b>What is your gender:<br/>(Check only one)</b>  | a. Male<br>b. Female<br>c. Transgender Female to Male<br>d. Transgender Male to Female<br>e. Genderqueer / Gender Non-binary<br>f. Not listed, please specify: _____<br>g. Declined / not stated |                        |  |
| <b>What was your sex at birth:<br/>(Check only one)</b>                                     | a. Male<br>b. Female<br>c. Declined / not stated   |                        |  |
| <b>How do you describe your sexual orientation or sexual identity:<br/>(Check only one)</b> | a. Straight / Heterosexual<br>b. Bisexual<br>c. Gay / Lesbian/Same-Gender Loving<br>d. Questioning / Unsure<br>e. Not listed, please specify: _____<br>f. Declined / not stated                  |                        |  |
| <b>Residential Address:</b>   |  |                        |  |
| <b>City:</b>  |  |                        |  |
| <b>Zip Code:</b>  |  |                        |  |

|  |   |
|--|---|
| <b>Federal Poverty Level (FPL):</b><br>\$ 1,063 or less per month-1 person<br>\$ 1,437 or less per month-2 persons       | <input type="checkbox"/> Above FPL<br><input type="checkbox"/> At or below FPL<br><input type="checkbox"/> Declined to State  |
| <b>Lives Alone:</b>  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Declined to State   |
| <b>Rural:</b>  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Declined to State   |
| <b>Rural Areas in San Mateo County</b>   |   |
| 94018 El Granada & Princeton-by-the-Sea<br>94019 Half Moon Bay<br>94020 La Honda<br>94021 Loma Mar                       | 94037 Montara<br>94038 Moss Beach<br>94060 Pescadero<br>94074 San Gregorio  |
| <b>Ethnicity:</b>  | <input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Not Hispanic/Latino<br><input type="checkbox"/> Declined to State  |
| <b>Race: (Check only one)</b>  |   |
| <input type="checkbox"/> American Indian / Alaska Native<br><input type="checkbox"/> Multiple Race                       | <input type="checkbox"/> Black<br><input type="checkbox"/> White  |
| Asian:<br><input type="checkbox"/> Asian Indian<br><input type="checkbox"/> Filipino<br><input type="checkbox"/> Laotian | <input type="checkbox"/> Cambodian<br><input type="checkbox"/> Japanese<br><input type="checkbox"/> Other Asian<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Korean<br><input type="checkbox"/> Vietnamese |
| Hawaiian/Other Pacific Islander:   |   |
| <input type="checkbox"/> Guamanian<br><input type="checkbox"/> Other Pacific Islander                                    | <input type="checkbox"/> Hawaiian<br><input type="checkbox"/> Samoan<br><input type="checkbox"/> Tongan   |
| <input type="checkbox"/> Declined to State   |   |
| <b>Care Giver</b> _____  |   |
| <b>Relationship Status of the Care Receiver</b>  | <input type="checkbox"/> Divorced<br><input type="checkbox"/> Married<br><input type="checkbox"/> Single (never married)<br><input type="checkbox"/> Widowed<br><input type="checkbox"/> Declined to State                    |
|  | <input type="checkbox"/> Domestic Partner<br><input type="checkbox"/> Separated   |

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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.*

**1 - Independent, 2 - Verbal Assistance, 3 - Some Human Help, 4 - Lots of Human Help, 5 - Dependent, X - Declined to State**

|                                      |  |
|--------------------------------------|--|
| <b>ADLs:</b>                         |  |
| Bathing                              |  |
| Dressing                             |  |
| Eating                               |  |
| Toileting                            |  |
| Transferring In / Out of Bed / Chair |  |
| Walking                              |  |
| Notes:                               |  |
|                                      |  |

|                       |  |
|-----------------------|--|
| <b>IADLs:</b>         |  |
| Heavy Housework       |  |
| Light Housework       |  |
| Meal Preparation      |  |
| Medication Management |  |
| Money Management      |  |
| Shopping              |  |
| Transportation        |  |
| Using Telephone       |  |
| Notes:                |  |
|                       |  |