SECTION 1 – Service Information

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>Registration / Assessment Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Termination Date:</td>
</tr>
<tr>
<td></td>
<td>Reason:</td>
</tr>
</tbody>
</table>

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

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)*
- [ ] Supplemental Services: *(Care Receiver has to have 2 or more ADL limitations or a cognitive impairment)*
- [ ] Access Assistance
- [ ] Information Services
SECTION 3 — FCSP Caregiver Information

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

Federal Poverty Level (FPL): $1,073 or less per month-1 person $1,452 or less per month-2 persons
☐ Above FPL ☐ At or below FPL ☐ Declined to State

Lives Alone:  ☐ No ☐ Yes ☐ Declined to State

Rural:  ☐ No ☐ Yes ☐ Declined to State

Rural Area in San Mateo County
94018 El Granada & Princeton-by-the-Sea 94037 Montara
94019 Half Moon Bay 94038 Moss Beach
94020 La Honda 94060 Pescadero
94021 Loma Mar 94074 San Gregorio

Ethnicity:  ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Declined to State

Race: (Check only one)  ☐ American Indian / Alaska Native  ☐ Black
☐ Multiple Race ☐ Other Race  ☐ White
Asian:  ☐ Asian Indian  ☐ Cambodian  ☐ Chinese
☐ Filipino  ☐ Japanese  ☐ Korean
☐ Laotian  ☐ Other Asian  ☐ Vietnamese
Hawaiian/Other Pacific Islander:  ☐ Guamanian  ☐ Hawaiian  ☐ Samoan  ☐ Tongan
☐ Declined to State

Care Receiver ____________________________
Care Receiver ____________________________
Care Receiver ____________________________

Relationship to Care Receiver:  ☐ Daughter / Daughter- in-law
☐ Domestic Partner  ☐ Grandparent
☐ Husband  ☐ Non-Relative
☐ Other Relative  ☐ Son / Son-in-law
☐ Wife  ☐ Declined to State

Relationship Status of Care Giver:  ☐ Divorced  ☐ Domestic Partner
☐ Married  ☐ Separated
☐ Single (never married)  ☐ Widowed
☐ Widowed  ☐ Declined to State

Employment Status of Caregiver:  ☐ Full Time  ☐ Part Time
☐ Retired  ☐ Unemployed
☐ Declined to State

Revised 02.2021
## SECTION 4 — FCSP Care Receiver Information

*Please complete a separate form for each care receiver*

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone #:</th>
<th>(   )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### What is your gender? (Check only one)

- a. Male
- b. Female
- c. Transgender Female to Male
- d. Transgender Male to Female
- e. Genderqueer / Gender Non-binary
- f. Not listed, please specify: ___________
- g. Declined / not stated

### What was your sex at birth? (Check only one)

- a. Male
- b. Female
- c. Declined / not stated

### How do you describe your sexual orientation or sexual identity? (Check only one)

- a. Straight / Heterosexual
- b. Bisexual
- c. Gay / Lesbian/Same-Gender Loving
- d. Questioning / Unsure
- e. Not listed, please specify: ___________
- f. Declined / not stated

### Residential Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Federal Poverty Level (FPL):

- $1,073 or less per month - 1 person
- $1,452 or less per month - 2 persons

- [ ] Above FPL
- [ ] At or below FPL
- [ ] Declined to State

### Lives Alone:

- [ ] No
- [ ] Yes
- [ ] Declined to State

### Rural:

- [ ] No
- [ ] Yes
- [ ] Declined to State

### Rural Areas in San Mateo County

- 94018 El Granada & Princeton-by-the-Sea
- 94019 Half Moon Bay
- 94020 La Honda
- 94021 Loma Mar
- 94037 Montara
- 94038 Moss Beach
- 94060 Pescadero
- 94074 San Gregorio

### Ethnicity:

- [ ] Hispanic/Latino
- [ ] Not Hispanic/Latino
- [ ] Declined to State

### Race: (Check only one)

- [ ] American Indian / Alaska Native
- [ ] Black
- [ ] Multiple Race
- [ ] Other Race
- [ ] White
- [ ] Asian Indian
- [ ] Cambodian
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Korean
- [ ] Laotian
- [ ] Other Asian
- [ ] Vietnamese
- [ ] Guamanian
- [ ] Hawaiian
- [ ] Other Pacific Islander
- [ ] Samoan
- [ ] Tongan
- [ ] Declined to State

### Relationship Status of the Care Receiver

- [ ] Divorced
- [ ] Domestic Partner
- [ ] Married
- [ ] Separated
- [ ] Single (never married)
- [ ] Widowed
- [ ] Declined to State
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

<table>
<thead>
<tr>
<th>ADLs:</th>
<th>IADLs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td>Heavy Housework</td>
</tr>
<tr>
<td>Dressing</td>
<td>Light Housework</td>
</tr>
<tr>
<td>Eating</td>
<td>Meal Preparation</td>
</tr>
<tr>
<td>Toileting</td>
<td>Medication Management</td>
</tr>
<tr>
<td>Transferring In / Out of Bed / Chair</td>
<td>Money Management</td>
</tr>
<tr>
<td>Walking</td>
<td>Shopping</td>
</tr>
<tr>
<td>Notes:</td>
<td>Transportation</td>
</tr>
<tr>
<td></td>
<td>Using Telephone</td>
</tr>
<tr>
<td></td>
<td>Notes:</td>
</tr>
</tbody>
</table>

Revised 06.28.2018  
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