

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

SECTION 1 – Service Information

Provider Name:	Registration / Assessment Date: Termination Date: Reason:
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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**

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SECTION 3 — FCSP Caregiver Information

Unique Participant ID: _____

Caregiver Personal Data (Please Print):			
First Name:		Middle Initial:	
Last Name:			
Birth Date:			
Home Phone #:	()		
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:			
City:			
Zip Code:			

Federal Poverty Level (FPL): \$ 1,215 or less per month-1 person \$ 1,643 or less per month-2 persons	<input type="checkbox"/> Above FPL <input type="checkbox"/> At or below FPL <input type="checkbox"/> Declined to State
Lives Alone:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State
Rural:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State
Rural Area 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:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Declined to State
Race: (Check only one)	
<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Multiple Race <input type="checkbox"/> Other Race <input type="checkbox"/> White	
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"/> Other Asian <input type="checkbox"/> Vietnamese	
Hawaiian/Other Pacific Islander: <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Declined to State	
Care Receiver _____ Care Receiver _____ Care Receiver _____	
Relationship to Care Receiver:	<input type="checkbox"/> Daughter / Daughter-in-law <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Grandparent <input type="checkbox"/> Husband <input type="checkbox"/> Non-Relative <input type="checkbox"/> Other Relative <input type="checkbox"/> Son / Son-in-law <input type="checkbox"/> Wife <input type="checkbox"/> Declined to State
Relationship Status of Care Giver	<input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single (never married) <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State
Employment Status of Caregiver	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Declined to State

Have you ever served in the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined / not stated	Are you the spouse, legal partner, parent, or child of a person who is serving in or who has served in the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined / not stated	If you identify as being military affiliated, check below if: "I consent to this agency and the California Department of Aging transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I may be eligible. I understand that this consent is valid for 12 months." <input type="checkbox"/> Yes <input type="checkbox"/> No Contact the California Department of Veterans Affairs (CalVet) to determine eligibility for services and supports www.calvet.ca.gov or 1-800-952-5626.
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SECTION 4 — FCSP Care Receiver Information

Please complete a separate form for each care receiver

Unique Participant ID: _____

First Name:		Middle Initial:	
Last Name:			
Birth Date:			
Home Phone #:	()		
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:			
City:			
Zip Code:			

Federal Poverty Level (FPL): \$ 1,215 or less per month-1 person \$ 1,643 or less per month-2 persons	<input type="checkbox"/> Above FPL <input type="checkbox"/> At or below FPL <input type="checkbox"/> Declined to State
Lives Alone:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State
Rural:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Declined to State
Race: (Check only one)	
<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Multiple Race <input type="checkbox"/> Other Race <input type="checkbox"/> White	
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"/> Other Asian <input type="checkbox"/> Vietnamese	
Hawaiian/Other Pacific Islander:	
<input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Declined to State	
Care Giver _____	
Relationship Status of the Care Receiver	<input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single (never married) <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State

Have you ever served in the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined / not stated	Are you the spouse, legal partner, parent, or child of a person who is serving in or who has served in the United States military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined / not stated	If you identify as being military affiliated, check below if: "I consent to this agency and the California Department of Aging transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I may be eligible. I understand that this consent is valid for 12 months." <input type="checkbox"/> Yes <input type="checkbox"/> No Contact the California Department of Veterans Affairs (CalVet) to determine eligibility for services and supports www.calvet.ca.gov or 1-800-952-5626.
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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

ADLs:	
Bathing	
Dressing	
Eating	
Toileting	
Transferring In / Out of Bed / Chair	
Walking	
Notes:	

IADLs:	
Heavy Housework	
Light Housework	
Meal Preparation	
Medication Management	
Money Management	
Shopping	
Transportation	
Using Telephone	
Notes:	