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

### Caregiver Personal Data (Please Print):

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Initial</td>
<td></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>
</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>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

### Unique Participant ID:

<table>
<thead>
<tr>
<th>Federal Poverty Level (FPL):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 1,255 or less per month-1 person</td>
<td>☐ Above FPL</td>
</tr>
<tr>
<td>$ 1,703 or less per month-2 persons</td>
<td>☐ At or below FPL</td>
</tr>
<tr>
<td>☐ Declined to State</td>
<td></td>
</tr>
</tbody>
</table>

### 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
- 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
- ☐ Hawaiian
- ☐ Guamanian
- ☐ Other Pacific Islander
- ☐ Samoan
- ☐ Tongan
- ☐ Declined to State

### 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
- ☐ Declined to State

### Employment Status of Caregiver

- ☐ Full Time
- ☐ Part Time
- ☐ Retired
- ☐ Unemployed
- ☐ Declined to State
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>
</tr>
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<tbody>
<tr>
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</tr>
</tbody>
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<table>
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<tr>
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- □ At or below FPL
- □ Declined to State

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- 94021 Loma Mar

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- □ Asian Indian
- □ Cambodian
- □ Chinese
- □ Filipino
- □ Japanese
- □ Korean
- □ Laotian
- □ Other Asian
- □ Vietnamese

- □ Hawaiian/Other Pacific Islander:
  - □ Guamanian
  - □ Hawaiian
  - □ Other Pacific Islander
  - □ Samoan
  - □ Tongan
- □ Declined to State

### Care Giver

<table>
<thead>
<tr>
<th>Relationship Status of the Care Receiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Divorced</td>
</tr>
<tr>
<td>□ Domestic Partner</td>
</tr>
<tr>
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</tr>
<tr>
<td>□ Married</td>
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<tr>
<td>□ Widowed</td>
</tr>
<tr>
<td>□ Separated</td>
</tr>
<tr>
<td>□ Single (never married)</td>
</tr>
<tr>
<td>□ Declined to State</td>
</tr>
</tbody>
</table>
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>
</tbody>
</table>

Notes: