

**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>
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**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: (Check only one)</b>	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
<b>What was your sex at birth: (Check only one)</b>	a. Male b. Female c. Declined / not stated
<b>How do you describe your sexual orientation or sexual identity: (Check only one)</b>	a. Straight / Heterosexual b. Bisexual c. Gay / Lesbian/Same-Gender Loving d. Questioning / Unsure e. Not listed, please specify: _____ f. Declined / not stated
<b>Residential Address:</b>	
<b>City:</b>	
<b>Zip Code:</b>	

<b>Federal Poverty Level (FPL):</b> \$ 1,330 or less per month-1 person \$ 1,800 or less per month-2 persons	<input type="checkbox"/> Above FPL <input type="checkbox"/> At or below FPL <input type="checkbox"/> Declined to State
<b>Lives Alone:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State
<b>Rural:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State
<b>Rural Area in San Mateo County</b>	
<b>94018</b> El Granada & Princeton-by-the-Sea <b>94019</b> Half Moon Bay <b>94020</b> La Honda <b>94021</b> Loma Mar	<b>94037</b> Montara <b>94038</b> Moss Beach <b>94060</b> Pescadero <b>94074</b> San Gregorio
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Declined to State
<b>Race: (Check only one)</b>	
<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	
<b>Care Receiver</b> _____	
<b>Care Receiver</b> _____	
<b>Care Receiver</b> _____	
<b>Relationship to Care Receiver:</b>	<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
<b>Relationship Status of Care Giver</b>	<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
<b>Employment Status of Caregiver</b>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <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: (Check only one)</b>	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		
<b>What was your sex at birth: (Check only one)</b>	a. Male b. Female c. Declined / not stated		
<b>How do you describe your sexual orientation or sexual identity: (Check only one)</b>	a. Straight / Heterosexual b. Bisexual c. Gay / Lesbian/Same-Gender Loving d. Questioning / Unsure e. Not listed, please specify: _____ f. Declined / not stated		
<b>Residential Address:</b>			
<b>City:</b>			
<b>Zip Code:</b>			

<b>Federal Poverty Level (FPL):</b> \$ 1,330 or less per month-1 person \$ 1,800 or less per month-2 persons	<input type="checkbox"/> Above FPL <input type="checkbox"/> At or below FPL <input type="checkbox"/> Declined to State
<b>Lives Alone:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State
<b>Rural:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State
<b>Rural Areas in San Mateo County</b>	
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
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Declined to State
<b>Race: (Check only one)</b>	
<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	
<b>Care Giver</b> _____	
<b>Relationship Status of the Care Receiver</b>	<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

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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:	