**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></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>
</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:**

| City: ____________________________ | Zip Code: ____________________________ |

**Federal Poverty Level (FPL):**

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

**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

**Ethnicity:**

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

**Race: (Check all that applies)**

- American Indian / Alaska Native
- Black
- White
- Asian
- 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 Receiver**

<table>
<thead>
<tr>
<th>Care Receiver: ____________________________</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Receiver: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Care Receiver: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

**Relationship to Care Receiver:**

- Daughter / Daughter-in-law
- Domestic Partner
- Grandparent
- Husband
- Non-Relative
- Other Relative
- Son / Son-in-law
- Wife
- Brother / Sister
- Declined to State

**Relationship Status of Care Giver**

- Divorced
- Married
- 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>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:
City: 
Zip Code: 

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 all that applies)
- American Indian / Alaska Native
- Black
- White
- Asian:
- 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

Relationship
- Divorced
- Domestic Partner
Status of the Care Receiver
- Married
- Separated
- Single (never married)
- Widowed
- Declined to State

Unique Participant ID: ____________________

Revised 06.28.2018
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>

ADLs: Bathing, Dressing, Eating, Toileting, Transferring In / Out of Bed / Chair, Walking
IADLs: Heavy Housework, Light Housework, Meal Preparation, Medication Management, Money Management, Shopping, Transportation, Using Telephone

Notes: