

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

**SECTION 1 – Service Information**

<b>Provider Name:</b>  Edgewood Center for Children and Families	<b>Registration / Assessment Date:</b>  <b>Termination Date:</b> <b>Reason:</b>
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**SECTION 2 – Eligibility Criteria**

<p><b>Grandparent/Older Caregiver Caring for Child Eligibility Criteria</b></p> <p>1. Is the Care Receiver an individual who is not more than 18 years of age <u>or</u> who is an individual (of any age) with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the Caregiver a grandparent, step-grandparent, or other older relative of a child by blood, marriage, or adoption who is 55 years of age or older, living with the child, and identified as the primary caregiver through a legal or informal arrangement. Biological and adoptive parents are excluded. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<b>Title III E Family Caregiver Support Program Services To Be Provided</b>
<input type="checkbox"/> <b>Support Services</b>
<input type="checkbox"/> <b>Access Assistance</b>
<input type="checkbox"/> <b>Information Services</b>

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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:</b> (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		
<b>What was your sex at birth:</b> (Check only one)	a. Male b. Female c. Declined / not stated		
<b>How do you describe your sexual orientation or sexual identity:</b> (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		
<b>Residential Address:</b>			
<b>City:</b>			
<b>Zip Code:</b>			

<b>Federal Poverty Level (FPL):</b> \$ 1,215 or less per month-1 person \$ 1,643 or less per month-2 person	<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	
<b>Asian:</b> <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	
<b>Hawaiian/Other Pacific Islander:</b> <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

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 <a href="http://www.calvet.ca.gov">www.calvet.ca.gov</a> or 1-800-952-5626.
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**SECTION 4 — FCSP Care Receiver Information**

**Unique Participant ID:** \_\_\_\_\_

*Please complete a separate form for each care receiver – Caring for Child*

<b>First Name:</b>		<b>Middle Initial:</b>	
<b>Last Name:</b>			
<b>Birth Date:</b>			
<b>Home Phone #:</b>	(      )		
<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Decline to State		
<b>Residential Address:</b>			
<b>City:</b>			
<b>Zip Code:</b>			

<b>Federal Poverty Level (FPL):</b>	<input type="checkbox"/> Above FPL <input type="checkbox"/> At or below FPL <input type="checkbox"/> Declined to State
\$ 1,215 or less per month-1 person \$ 1,643 or less per month-2 persons	
<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>	
<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 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