### SECTION 1 – Service Information

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>Registration / Assessment Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edgewood Center for Children and Families</td>
<td>Termination Date:</td>
</tr>
<tr>
<td></td>
<td>Reason:</td>
</tr>
</tbody>
</table>

### SECTION 2 – Eligibility Criteria

**Grandparent/Older Caregiver Caring for Child Eligibility Criteria**

1. Is the Care Receiver an individual who is not more than 18 years of age **or** who is an individual (of any age) with a disability?  
   - [ ] Yes  
   - [ ] No

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.  
   - [ ] Yes  
   - [ ] No

### Title III E Family Caregiver Support Program Services To Be Provided

- [ ] Support Services
- [ ] Access Assistance
- [ ] Information Services
### SECTION 3 — FCSP Caregiver Information

<table>
<thead>
<tr>
<th>Caregiver Personal Data (Please Print):</th>
<th>Unique Participant ID:</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: ____________________________
City: ____________________________
Zip Code: ____________________________

#### Federal Poverty Level (FPL):
- $ 1,255 or less per month - 1 person □ Above FPL
- $ 1,703 or less per month - 2 persons □ At or below FPL
- Declined to State

#### 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
- 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:
- □ 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
- ____________________________
- ____________________________
- ____________________________

#### 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 — Caring for Child

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date:</th>
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<tbody>
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<table>
<thead>
<tr>
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<th>( )</th>
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<table>
<thead>
<tr>
<th>Gender:</th>
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<tbody>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Decline to State</td>
</tr>
</tbody>
</table>

<table>
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<th>City:</th>
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</table>

<table>
<thead>
<tr>
<th>Zip Code:</th>
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- Yes
- Declined to State

Rural:
- No
- Yes
- Declined to State

Rural Areas in San Mateo County
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- Tongan
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Care Giver

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<td>Domestic Partner</td>
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<thead>
<tr>
<th>Status of the Care Receiver</th>
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</thead>
<tbody>
<tr>
<td>Married</td>
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<tr>
<td>Separated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Single (never married)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widowed</td>
</tr>
<tr>
<td>Declined to State</td>
</tr>
</tbody>
</table>

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