

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

SECTION 1 – Service Information

Provider Name: Edgewood Center for Children and Families	Registration / Assessment Date: Termination Date: Reason:
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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

<input type="checkbox"/> Support Services
<input type="checkbox"/> Access Assistance
<input type="checkbox"/> Information Services

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SECTION 3 — FCSP Caregiver Information

Unique Participant ID: _____

Caregiver Personal Data (Please Print):	
First Name:	Middle Initial:
Last Name:	
Birth Date:	
Home Phone #:	()
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): \$ 1,330 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
Lives Alone:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State
Rural:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Declined to State
Race: (Check only one)	
<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	
Care Receiver _____	
Care Receiver _____	
Care Receiver _____	
Relationship to Care Receiver:	<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
Relationship Status of Care Giver	<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
Employment Status of Caregiver	<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

Unique Participant ID: _____

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

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

Federal Poverty Level (FPL): \$ 1,304 or less per month-1 person \$ 1,762 or less per month-2 persons	<input type="checkbox"/> Above FPL <input type="checkbox"/> At or below FPL <input type="checkbox"/> Declined to State
Lives Alone:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Declined to State
Rural:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Declined to State
Race: (Check only one)	
<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	
Care Giver _____	
Relationship Status of the Care Receiver	<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