

**COUNTY OF SAN MATEO AGING AND ADULT SERVICES - OLDER AMERICAN ACT PROGRAMS
FAMILY CAREGIVER SUPPORT PROGRAM
OLDER ELDERLY RELATIVE**

SECTION 1 – Service Information

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

SECTION 2 – Eligibility Criteria

<p>Grandparent/Older Caregiver Caring for Child Eligibility Criteria</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>
--

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

**COUNTY OF SAN MATEO AGING AND ADULT SERVICES - OLDER AMERICAN ACT PROGRAMS
FAMILY CAREGIVER SUPPORT PROGRAM
OLDER ELDERLY RELATIVE**

SECTION 3 — FCSP Caregiver Information

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:			

Unique Participant ID: _____

Federal Poverty Level (FPL): \$ 1,073 or less per month-1 person \$ 1,452 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 all that applies)	
<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Black <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"/> Brother / Sister <input type="checkbox"/> Declined to State <input type="checkbox"/> Parent
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

**COUNTY OF SAN MATEO AGING AND ADULT SERVICES - OLDER AMERICAN ACT PROGRAMS
FAMILY CAREGIVER SUPPORT PROGRAM
OLDER ELDERLY RELATIVE**

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):	<input type="checkbox"/> Above FPL <input type="checkbox"/> At or below FPL <input type="checkbox"/> Declined to State
\$ 1,073 or less per month-1 person	
\$ 1,452 or less per month-2 persons	
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 all that applies)	
<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Black <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