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

<table>
<thead>
<tr>
<th>Title III E Family Caregiver Support Program Services To Be Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Support Services</td>
</tr>
<tr>
<td>[ ] Access Assistance</td>
</tr>
<tr>
<td>[ ] Information Services</td>
</tr>
</tbody>
</table>
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>
<tr>
<td>What is your gender: (Check only one)</td>
<td></td>
</tr>
<tr>
<td>a. Male</td>
<td></td>
</tr>
<tr>
<td>b. Female</td>
<td></td>
</tr>
<tr>
<td>c. Transgender Female to Male</td>
<td></td>
</tr>
<tr>
<td>d. Transgender Male to Female</td>
<td></td>
</tr>
<tr>
<td>e. Genderqueer / Gender Non-binary</td>
<td></td>
</tr>
<tr>
<td>f. Not listed, please specify: ________</td>
<td></td>
</tr>
<tr>
<td>g. Declined / not stated</td>
<td></td>
</tr>
<tr>
<td>What was your sex at birth: (Check only one)</td>
<td></td>
</tr>
<tr>
<td>a. Male</td>
<td></td>
</tr>
<tr>
<td>b. Female</td>
<td></td>
</tr>
<tr>
<td>c. Declined / not stated</td>
<td></td>
</tr>
<tr>
<td>How do you describe your sexual orientation or sexual identity: (Check only one)</td>
<td></td>
</tr>
<tr>
<td>a. Straight / Heterosexual</td>
<td></td>
</tr>
<tr>
<td>b. Bisexual</td>
<td></td>
</tr>
<tr>
<td>c. Gay / Lesbian/Same-Gender Loving</td>
<td></td>
</tr>
<tr>
<td>d. Questioning / Unsure</td>
<td></td>
</tr>
<tr>
<td>e. Not listed, please specify: ________</td>
<td></td>
</tr>
<tr>
<td>f. Declined / not stated</td>
<td></td>
</tr>
<tr>
<td>Residential Address: ____________________</td>
<td></td>
</tr>
<tr>
<td>City: __________________________________</td>
<td></td>
</tr>
<tr>
<td>Zip Code: ______________________________</td>
<td></td>
</tr>
</tbody>
</table>

Federal Poverty Level (FPL):
- $1,133 or less per month-1 person
- $1,526 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 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:
- □ Hispanic/Latino
- □ Not Hispanic/Latino
- □ Declined to State

Race: (Check all that applies)
- □ American Indian / Alaska Native
- □ Black
- □ White
- □ 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 __________________________________
Care Receiver __________________________________
Care Receiver __________________________________

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
- □ Parent

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

Revised 02.2022
SECTION 4 — FCSP Care Receiver Information

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

Unique Participant ID: ______________________

First Name: [ ] Middle Initial: [ ]
Last Name: ________________________________
Birth Date: ________________________________
Home Phone #: (____) ______________________
Gender: [ ] Female [ ] Male [ ] Decline to State
Residential Address: _________________________
City: ______________________________________
Zip Code: _________________________________

Federal Poverty Level (FPL):
$ 1,133 or less per month-1 person [ ]
$ 1,526 or less per month-2 persons [ ]
□ Above FPL [ ]
□ At or below FPL [ ]
□ Declined to State [ ]

Living Alone: [ ] No [ ] Yes [ ] Decline to State

Rural: [ ] No [ ] Yes [ ] Decline 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
[ ] Married [ ] Separated
Status of the Care Receiver:
[ ] Single (never married) [ ] Widowed
[ ] Declined to State [ ]