

Caregiver Assessment Form

Welcome! Please tell us a bit about yourself so we can offer services that best meet your needs. We ask for demographic information to meet requirements from our funders. All your personal information is confidential. Please see the attached FAQs for more information and guidance on filling out this form.

Caregiver Contact & Demographic Information:

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Age: _____

Gender: Male Female Other gender not listed: _____

Home Address Line 1: _____

Line 2 (Apt/Unit/Floor #): _____ City: _____

Zip: _____ County: _____ State: _____

Mailing Address Line 1: _____

Line 2 (Apt/Unit/Floor #): _____ City: _____

Zip: _____ County: _____ State: _____

Location Comments (additional directions for home or mailing address):

Home Phone: _____ Cell Phone: _____

Email: _____

Primary language: English Spanish Other: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race, select all that apply:

American Indian/Alaska Native Native Hawaiian or Pacific Islander

Asian or Asian American White

Black or African American Other not listed: _____

Do you live: Alone With Others

Number of people in your household (including you): _____

Is your income above or below the amount listed for your household size:

Above At/Below

Household Size	Monthly Income	Annual Income
1	\$1,215	\$14,580
2	\$1,643	\$19,720
3	\$2,072	\$24,860
4	\$2,500	\$30,000
For each additional person, add \$4,540 to annual income		

Care Recipient(s) Information:

Please provide information for each individual care recipient you care for. If the care recipient is an adult (18+), please also complete an In-Home Assessment Form.

Care Recipient 1:

First Name: _____ Last Name: _____

Caregiver's Relationship to Care Recipient: _____

Date of Birth: _____ Age: _____

Lives with caregiver? Yes No (if no, please provide their home address)

Home Address Line 1: _____

Line 2 (Apt/Unit/Floor #): _____ City: _____

Zip: _____ County: _____ State: _____

Care Recipient 2:

First Name: _____ Last Name: _____

Caregiver's Relationship to Care Recipient: _____

Date of Birth: _____ Age: _____

Lives with caregiver? Yes No (if no, please provide their home address)

Home Address Line 1: _____

Line 2 (Apt/Unit/Floor #): _____ City: _____

Zip: _____ County: _____ State: _____

Care Recipient 3:

First Name: _____ Last Name: _____

Caregiver's Relationship to Care Recipient: _____

Date of Birth: _____ Age: _____

Lives with caregiver? Yes No (if no, please provide their home address)

Home Address Line 1: _____

Line 2 (Apt/Unit/Floor #): _____ City: _____

Zip: _____ County: _____ State: _____

Care Recipient 4:

First Name: _____ Last Name: _____

Caregiver's Relationship to Care Recipient: _____

Date of Birth: _____ Age: _____

Lives with caregiver? Yes No (if no, please provide their home address)

Home Address Line 1: _____

Line 2 (Apt/Unit/Floor #): _____ City: _____

Zip: _____ County: _____ State: _____

Caregiver Additional Information:

Are you getting help from anyone with your caregiver duties? Yes No

If yes, please explain:

What caregiving issues are you are struggling with/what supports do you need?

- Counseling Day care Education/training
 Information about services In-home sitter Overnight respite
 Personal care Supplemental services Support groups
 Other (please explain): _____
-

Are you a grandparent raising grandchildren? Yes No

Are you working:

- Full-time Part-time Retired Volunteering Seeking employment No

Marital Status:

- Married Domestic Partner Divorced Separated Single Widowed

Are you visually impaired (can't be corrected with glasses)? Yes No

Health Insurance (select all that apply): Medicaid Medicare Other None

Caregiver's Relationship to Care Recipient:

- Husband Wife Domestic Partner
 Son/Son-in-Law Daughter/Daughter-in-law Sister
 Brother Grandparent Parent
 Other Relative: _____
 Non-Relative: _____

Interest in Other Services:

Are you interested in learning about nutrition and a healthy diet? Yes No

Would you like to hear about other caregiver services? Yes No

If yes, how can we contact you? Email Mail Phone

What services are you interested in? _____

Disclosures and Waivers

I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service provider and I herewith give my consent to do so.

Signature: _____ **Date:** _____

For Office Use Only –

(If filled out by assessor or via phone, please have assessor check here and sign below)

Filled Out By: _____ **Date:** _____

Caregiver Services Eligibility Criteria

<p>Family Caregiver of an Older Adult</p> <p><input type="checkbox"/> An adult (18 years of age or older) family member or another individual (e.g., friend or neighbor) who is an informal (i.e., unpaid) provider of in-home or community care to the Care Recipient</p>	<p>Care Recipient</p> <p><input type="checkbox"/> An older individual (60 years of age or older) or</p> <p><input type="checkbox"/> An individual (of any age) with Alzheimer’s disease or related disorder with neurological and organic brain dysfunction</p>
<p>Older Relative Caregiver/Grandparent of a Child</p> <p><input type="checkbox"/> A grandparent, step-grandparent, or other older relative of the child by blood, marriage, or adoption who is at least 55 years old living with the child, and identified as the primary caregiver through a legal or informal arrangement</p>	<p>Care Recipient</p> <p><input type="checkbox"/> A child (less than 18 years old) or</p> <p><input type="checkbox"/> An individual (of any age) with a disability</p>

Client Information and FAQs

We are so glad you found us! Please keep this information for your records.

Provider and Area Agency on Aging Information

Your local Area Agency on Aging: Upper Arkansas Area Agency on Aging

What is an Area Agency on Aging?

We're glad you asked! The Area Agency on Aging (AAA) is a regional agency that is designated by the state to administer federal, state, and local funding to meet the needs of older adults in their community. The AAA provides programs and services to older adults and caregivers directly and through contracts with community provider agencies. AAAs also serve as advocates for older adults.

Service Information

The service you are requesting is funded through the Older Americans Act (OAA) and/or Older Coloradans Act (OCA) funding. This federal and state funding helps **older adults, 60+**, remain in their homes and communities of choice. Requests for services are processed as funds allow. We can provide you with referrals to other resources in your area, but we will not reach out to them without your permission.

What is the purpose of this form?

We ask you to fill in this form for several reasons:

- **To help us learn about you, so that we can offer services that best meet your needs.**
- **To help us understand the needs of older adults in our community.**
- **To help us show the need for funding our programs.**
- **To help us meet reporting requirements from our funders.**

Taxpayer money funds these programs. We must prove that the funding only serves eligible clients and targets older adults and caregivers most in need of services. Income and other demographic information (e.g. gender, race, ethnicity) are collected for anonymous demographic reporting purposes. None of your personal information, such as your name or date of birth is disclosed in reporting. You have the right to refuse to provide any of the information requested on the form.

What happens with my information?

We enter your information into a secure state database. As you receive services, we record the services you received in the database. This helps us prove how we spent the funding and that we are serving only people age 60 and older. The database is secured to the standards outlined in Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH). This means your data remains safe and confidential.

Will you sell my information?

No. We will never sell your information.

How do I provide feedback?

We love hearing how we can improve. Contact your service provider or your local Area Agency on Aging at **719-539-3341** or tom.mcconaghy@uaacog.com. Because we value your input, we may at times send you a survey to ask for your feedback.

How do I file a complaint, grievance, or appeal?

Complaint/Grievance/Appeal Procedure

You have the right to file a complaint or grievance with the organization asking you to fill out this form. If you are not satisfied with the organization's decision, you can appeal the decision to your local Area Agency on Aging (AAA), and/or the State Unit on Aging (SUA). The complete Complaint/ Grievance/ Appeal Procedures are available upon request by contacting your local AAA and/or the SUA

Upper Arkansas Area Agency on Aging
139 E 3rd St
Salida CO 81201
719-539-3341
Tom.mcconaghy@uaacog.com

Colorado Department of Human
Services, State Unit on Aging
1575 Sherman St, 10th Floor
Denver CO 80203
303-866-2800

Can I donate?

We accept donations and gifts to contribute towards the cost of services and to support our efforts. Every dollar we receive goes back into the programs and services. Donations are voluntary and are not required to receive services. You can send your donations to UAACOG, 139 E 3rd St, Salida CO 81201

What other resources are available?

Feel free to reach out to your Area Agency on Aging to get more information about the services available in your region. We love to help! Services available in our region include financial aid for dental and vision, in-home safety-related repairs, meals on wheels, congregate meals, in-home assistance, respite services, and legal services.

You can also call the statewide Aging and Disability Resources for Colorado (ADRC) for information about resources in your area: 1-844-COL-ADRC / 1-844-265-2372

How can I help?

We couldn't meet the needs of older adults in our communities without the amazing help from volunteers and members of our Regional Advisory