

Care Recipient Name _____

Caregiver Name _____

CAREGIVER PROGRAM APPLICATION

ADDITIONAL PAGE for use when receiving applications prior to revised version Winter 2021)

To Consumer/Caregiver/Care Recipient: Since you last completed an application for services, the form has been updated to include some supplemental and more descriptive questions. Nothing has changed regarding eligibility for the programs, but we are collecting more information to get a better picture of the people we are serving across the state through these Caregiver Programs.

Please complete the following questions regarding the person who is in need of/being provided care (the Care Recipient):

Gender: Female Male Non-Binary Other

Primary Language Spoken at Home:

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Arabic | <input type="checkbox"/> Cambodian (Khmer) | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Greek |
| <input type="checkbox"/> Gujarati | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Italian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Tactical Sign Language | <input type="checkbox"/> Turkish | <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other _____ | | | |

Speaks English: Very Well Well Not Well Not at All

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race (check all that apply):

- American Indian/Alaskan Native Asian/Asian American Black/African American
 Native Hawaiian/Pacific Islander White

Living Arrangement: (Please check the one that applies to the Care Recipient)

- Alone With spouse With Unmarried Partner With Spouse/Partner & Child/ren
 With Child/ren Only, No Spouse/Partner With Grandchildren With Other Relatives
 With Others *If with "Other Relatives" or "Others" please describe: _____

4. Does the Care Recipient have challenges/need help with any of the following ADL activities?

(please check all that apply if yes)

- | | | | |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Eating | <input type="checkbox"/> Dressing | <input type="checkbox"/> Bathing/Washing |
| <input type="checkbox"/> Using the Toilet | <input type="checkbox"/> Getting Out of Bed/Chair | <input type="checkbox"/> Continence | |

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Does the **Care Recipient** have challenges/need help with any of the following IADL activities?

(please check all that apply if yes)

- Planning/Preparing Meals Shopping Managing Money
 Using the Telephone Housekeeping Doing Laundry
 Taking Medicine Using Transportation

5. Does the **Care Recipient** eat few fruits and vegetables or milk products? Yes No Unknown

And now some information regarding **the Caregiver** is needed:

Gender: Female Male Non-Binary Other

Caregiver's Relationship to Care Recipient:

- Brother Daughter Daughter-in-Law Domestic Partner
 Father Granddaughter Grandfather Grandmother
 Grandson Husband Mother Non-Relative
 Other Relative Sister Son Son-in-Law
 Wife

Caregiver Primary Language Spoken at Home:

- American Sign Language Arabic Cambodian (Khmer) Chinese
 English French German Greek
 Gujarati Haitian Creole Italian Korean
 Polish Portuguese Russian Spanish
 Tactical Sign Language Turkish Urdu Vietnamese
 Other _____

Speaks English: Very Well Well Not Well Not at All

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race (check all that apply): American Indian/Alaskan Native Asian/Asian American Black/African American
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Income: *Caregiver income info is used to identify other sources of support and is not a determining factor of eligibility

I live alone or with someone other than a spouse and <u>MY</u> monthly income is about:		
<input type="checkbox"/> At or Below \$1,215 (100%)	<input type="checkbox"/> \$1,216 - \$1,519 (125%)	<input type="checkbox"/> \$1,520 - \$1,823 (150%)
<input type="checkbox"/> \$1,824 - \$2,126 (175%)	<input type="checkbox"/> \$2,127 - \$2,430 (200%)	<input type="checkbox"/> \$2,431 or over (over 200%)
I live with my spouse and <u>OUR</u> monthly income is about:		
<input type="checkbox"/> At or Below \$1,643 (100%)	<input type="checkbox"/> \$1,644 - \$2,054 (125%)	<input type="checkbox"/> \$2,055 - \$2,465 (150%)
<input type="checkbox"/> \$2,466 - \$2,876 (175%)	<input type="checkbox"/> \$2,877 - \$3,287 (200%)	<input type="checkbox"/> \$3,288 or over (over 200%)