

FAMILY CAREGIVER SUPPORT PROGRAM (FCSP)

CAREGIVER REGISTRATION FORM

The National Family Caregiver Support Program offers five types of services:

1. information to caregivers about available services,
2. assistance to caregivers in gaining access to the services,
3. individual counseling, organization of support groups, and caregiver training,
4. respite care; and
5. supplemental services, on a limited basis.

Your personal information will not be disclosed and will only be used for the purposes of continued funding of family caregiver programs and services.

FAMILY CAREGIVER DEMOGRAPHICS

Name (*Last, First, M.I.*) _____ Phone Number _____

Address (*No., Street*) _____

City _____ State _____ ZIP Code _____

Date of Birth (*If you choose not to disclose your DOB, please input only the month & year*) _____

Gender Male Female Other

Ethnicity Hispanic Not Hispanic or Latino Refused

Race White American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander
Other Refused

How long have you been providing care for the care recipient? _____ Months _____ Years

Relationship to Care Recipient Spouse: Wife/Husband/Partner Son/Son-in-Law Daughter/Daughter-in-Law
Other Relative Non-Relative: Friend/Neighbor

Are there other family members or friends helping you with caregiving duties? Yes No Not Sure

Would you like to receive a follow up call from information and referral? Yes No Not Sure

Have you received Caregiver Supportive Services within the past 2 years? Yes No Not Sure

CARE RECIPIENT DEMOGRAPHICS

Name (*Last, First, M.I.*) _____

Gender Male Female Other

Ethnicity Hispanic Not Hispanic or Latino Refused

Race White American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander
Other Refused

Has care recipient received any Area on Aging Services in the past 2 years? Yes No I don't know N/A

Care Recipient Elderly/Older Adult (*Over 60*) Adult with a Disability (*18 to 59*) Adult with Dementia
Child (*Under 19*)

Care Recipient Needs Has been diagnosed with dementia Has been screened for ALTCS
Is enrolled with home health or hospice

Please Choose One of the Following I live with the care recipient I do not live with the care recipient
Is in a short-term skilled nursing facility

See page 3 for EOE/ADA disclosures

FAMILY CAREGIVER SUPPORT PROGRAM SERVICES AND PROGRAM EVALUATION

Your feedback is important to us and will help us to improve caregiver supportive services. This evaluation will be offered every 6 months for support groups **and** after each caregiver event you attend.

SERVICES EVALUATION FORM

Service Type	Caregiver Training (<i>Events</i>)		Support Group (<i>Peer Support</i>)			Guidance Counseling	Comments
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		
Did you benefit from receiving this caregiver support service?							
Did receiving this service help you feel more confident in providing care?							
Did receiving this service help make you a better caregiver?							
Did receiving this service help enhance your ability to care for the care recipient?							
Did receiving this service help improve the care recipient's life?							
Did receiving this service help to keep the care recipient living at home?							

PROGRAM EVALUATION

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Comments
Did you receive information about respite care or access to Information & Referral?						
Did you receive information about other caregiver support groups or seminars?						
Did you receive information about your local Area Agency on Aging?						
Did you receive information about financial literacy, long-term care planning, and related resources?						
Were the presenters knowledgeable, organized, supportive and/or responsive to participants?						
Were presenters prepared, well-organized, and deliver the content clearly?						

FEEDBACK

Please provide suggestions and any other comments:

OFFICE USE ONLY

Annual follow up from date of receiving supportive service. Due date: _____

Did receiving supportive services assist in keeping the care recipient at home? Yes No Other

Comments: