

## FAMILY CAREGIVER SUPPORT PROGRAM (FCSP)

### CAREGIVER REGISTRATION FORM

The Family Caregiver Support Program offers many different programs and services including community education and information sessions, outreach events, support groups and/or peer counseling groups, and caregiver training classes. The Caregiver Registration Form may be presented to attendees during classes or session for data collection, funding purposes, and to ensure that caregiver classes, sessions, and other events are providing effective programming for family caregivers.

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

**Language**    English    Spanish    Navajo    Hopi    Arabic    Chinese Mandarin    Creole    Other

#### FAMILY CAREGIVER DEMOGRAPHICS

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

Address (*No., Street*) \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Age:            18 - 49            50 - 59            55 - 59            60 - 64            65-74            75 - 84            85+

Annual Income: (*please indicate household estimate*): \$ \_\_\_\_\_

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

**Gender**    Male    Female    Other \_\_\_\_\_    **Geographic Distribution:**    Rural    Non-Rural

**Ethnicity**    Hispanic    Not Hispanic or Latino    Refused    Decline to answer

**Race**    White    American Indian/Alaskan Native    Asian    Native Hawaiian/Pacific Islander  
Black or African American    Other    Refused    Decline to answer

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  
Domestic Partner, including civil union    Other Relative  
Non-Relative    Sister    Brother    Parent

Are there other family members or friends helping you with caregiving duties?    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    Decline to answer

**Race**    White    American Indian/Alaskan Native    Asian    Native Hawaiian/Pacific Islander  
Black or African American    Other    Refused    Decline to answer

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 Status**    Has been diagnosed with dementia    Is enrolled with home health or hospice services  
Has been screened for Arizona Long Term Care System (ALTCs)

**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 2 for EOE/ADA disclosures

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services 7-1-1.