

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Aging and Adult Services
Family Caregiver Support Program

PROGRAM IMPACT REPORT

Agency: _____ Date: _____

As the ongoing Coronavirus Pandemic continues with different strains of COVID-19, the Division of Aging and Adult Services is actively tracking the impact to programs and services. This form is specifically provided to report impact of services to the Family Caregiver Support Program.

Date of Impact: _____ Location: _____

Type of Impact: Closure COVID-19 Exposure Service Cancellation
 Other _____

Provide description of the FCSP COVID-19 Impact:

Describe Agency Response:

Record Impact to Caregivers and Services

Number of Non-Registered events: _____ Number of Non-Registered Units: _____

Number of Caregivers: _____ Number of Units: _____

Date Reported to DAAS: _____ Form Completed By: _____

The Arizona Department of Economic Security, Division of Aging and Adult Services Family Caregiver Support Program (FCSP) is requesting Program Impact Reports from their Area Agency on Aging partners. The goal of this report is to capture service cancellations that impact the FCSP units authorized and utilized.

Instructions

1. **Date of Impact:** Provide date of notification from Respite Care Provider, Site of Exposure or Outbreak, or Family Caregivers
2. **Location:** Provide location of where caregiver services are impacted whether it be in a congregate location where support groups or caregiver education sessions or classes are held, or in the family caregiver's home where respite care services are provided
3. **Type of Impact:**
 - a. *Closure – Respite Care Provider location such as an adult day health center or adult day club*
 - b. *Staffing – Respite Care Provider staffing shortage and may be in-home or adult day health care respite*
 - c. *Agency – Area Agency on Aging staffing shortage which impacts intake and assessments such as cancellation of appointments. Do not report wait list numbers here.*
 - d. *COVID-19 Exposure – Any COVID-19 positive exposure that has been identified and impacts family caregiver, respite care providers, and agency*
 - e. *Service Cancellation – May be initiated by family caregiver, respite care provider, or site where caregiver programs are held*
 - f. *Other – All other COVID-19 related impacts to the FCSP*
4. **Provide description of the FCSP COVID-19 Impact:** Describe any COVID-19 outbreak that may impact any of the five core FCSP services for all family caregivers including grandparents raising grandchildren.
5. **Describe Agency Response:** Provide Agency response upon receiving notification of service impact. An example, a positive COVID-19 test after direct contact during a support group. Did the Agency call other support group attendees? Was the site notified and sanitized? Did the support group transition to virtual support group?
6. **Number of Caregivers Impacted:** Provide the actual number of family caregivers impacted for Registered Services.
7. **Number of Units Impacted:** Provide the actual number of units impacted for Registered Services.
8. **Number of Non-Registered events:** Provide the number of events including community education and outreach events that were canceled or rescheduled.
9. **Number of Non-Registered units:** Provide the estimated number of family caregivers were impacted by the cancellation or rescheduling of the event(s).
10. **Date Reported to DAAS:** Date reported to DAAS.
11. **Form Completed By:** Provide Name and Title of individual that submitted the Program Impact Report to DAAS.