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| **dhsslogo** | **Caregiver Assessment**  **Form CF-045** |

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| Date of Assessment: | Agency Name: |
| Name of Care Recipient: | Person Reporting: |

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| Program:  Case Management  Respite  CRC  Other |

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| Last Name: | First Name: | | | | | Male | Female |
| Address: | | | Apt #: | County:  NCC  Kent  Sussex | | | |
| Address 2 (Apt. Complex Name or Development Name): | | | | | | | |
| City: | State: | Zip: | | | | Rural:  Yes  No | |
| Telephone 1: | Telephone 2: | | | |  | | |

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| Caregiver’s Ethnicity:  Hispanic or Latino  NOT Hispanic or Latino | |
| Race: | White – Non Hispanic |
| White – Hispanic |
| American Indian/Alaska Native |
| Asian |
| Black or African American |
| Native Hawaiian or Other Pacific Islander |
| Other Race |
| Reporting 2 or More Races:  YES | |
| Race Data Missing:  YES | |

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| Caregiver’s Date of Birth (DOB):    \*\*Required for Reporting\*\*  Not Reported |
| If DOB is unable to be collected, please check appropriate date range:  <50  55-59  75-84  50-54  60-74  85+ |
| Caregiver’s Relationship to Care Recipient:  Husband  Wife  Son/Son-in-Law  Daughter/Daughter-in-Law  Other Relative  Non-Relative  Relationship Not Reported |

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| Are you the PRINCIPAL CAREGIVER? | Yes | No |
| Does the care recipient live with you? | Yes | No |
| Do you also care for children under 18 living at home? | Yes | No |

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| What is your employment status? | Employed Full-Time | Employed Part-Time | Not Employed |

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| On average, how many weekly hours of care do your provide? | Less than 10 | 11 -20 | 21 - 30 | 30+ |

*Updated 10/11/2017*

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| Identify support services recommended to this Caregiver: | Caregiver Skills Training  Adult Day Care  In-Home Respite  ERS Services  Counseling  Legal Assistance | Home Modification  Assistive Technology  Support Group  Caregiver Resource Center  Transportation  Other: |

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| Caregiver was given the following information/publications: | | |
| ADRC Brochure | CRC Flyer/Brochure | DSAAPD Guide to Services |
| Other: | | |

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| Notes: Click here to enter text. |

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| Caregiver’s Suggested Donation Amount: | $ | Per:  Week  Month |