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| **dhsslogo** | **Care Recipient Assessment****Form CF-044** |

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| Date of Assessment:       | Agency Name:       |
| Caregiver Name:       | 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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| Care Recipient’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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| Care Recipient’s Date of Birth (DOB) |
| If DOB is unable to be collected, please check appropriate date range:[ ]  <50 [ ]  55-59 [ ]  75-84[ ]  50-54 [ ]  60-74 [ ]  85+ |
| If the care recipient is under age 60, is he/she diagnosed with early-onset dementia?[ ]  Yes [ ]  No |

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| Does the care recipient live alone?  | [ ]  Yes | [ ]  No |
| If you answered “no” how many in the household? |       |
| Is the care recipient’s income level below Federal Poverty? | [ ]  Yes | [ ]  No |
| Income Level – NOT Reported [ ]  |

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| *Federal Poverty Income Levels:* |
| 1 Person Household | < $12,060 |
| 2 Person Household | < $16,240 |
| 3 Person Household | < $20,420 |
| 4 person Household | < $24,600 |

*Updated 10/11/2017*

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| How many of the following six ADL’s is the care recipient **UNABLE** to perform without personal assistance, stand-by assistance, supervision or cues: | [ ]  Dressing[ ]  Bathing[ ]  Toileting[ ]  Transferring in/out of bed/chair[ ]  Eating[ ]  Walking | Total Care Recipient ADL’s:[ ]  0 [ ]  1 [ ]  2 [ ]  3 + |

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| How many of the following eight IADL’s is the care recipient **UNABLE** to perform without personal assistance, stand-by assistance, supervision or cues: | [ ]  Preparing Meals[ ]  Medication Management[ ]  Money Management[ ]  Using the Telephone[ ]  Doing Heaving Housework | [ ]  Doing Light Housework[ ]  Access Transportation with Assistance[ ]  Shopping for Personal Items | Total Care Recipient IADL’s:[ ]  0 [ ]  1 [ ]  2 [ ]  3 + |

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| Services Recommended to the Care Recipient Include: | [ ]  Personal Care[ ]  Adult Day Care[ ]  Meals[ ]  ERS Services[ ]  Financial Assistance[ ]  Legal Assistance | [ ]  Home Modification[ ]  Assistive Technology[ ]  Support Group[ ]  Caregiver Resource Center[ ]  Transportation[ ]  Other:       |

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| Notes: Click here to enter text. |

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| Care Recipient’s Suggested Donation Amount: | $      | Per: [ ]  Week [ ]  Month  |