



**SECTION 3 (FCSP Caregiver)**  
 (\*) Required for Family Caregiver Support Program Services

<b>Caregiver Personal Data (Please Print):</b>					
<b>*Unique Participant ID</b>					
First Name:					
Middle Initial:					
Last Name:					
<b>*Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State				
<b>*Birth Date:</b>					
Last 4 Digits Social Security # <i>Optional</i>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>				
Home Phone #:	(    )				
<b>Residential Address:</b>					
Street:					
City:					
*Zip Code:					
<b>Mailing Address:</b>					
Same As Residential? <input type="checkbox"/> Yes – Skip to Next Section					
Street:					
City:					
Zip Code:					

<b>*Ethnicity:</b>	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
<b>*Federal Poverty Level (FPL)</b>	<input type="checkbox"/> At or below FPL <input type="checkbox"/> Above FPL <input type="checkbox"/> Declined to State
<b>*Lives Alone?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
<b>*Rural?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
<b>*Race: (Please Check ONE)</b>	
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race	
Asian:	
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	
Hawaiian/Other Pacific Islander:	
<input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Declined to State	
<b>*Relationship to Care Receiver</b>	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Grandparent <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other Relative <input type="checkbox"/> Daughter/Daughter-in-law <input type="checkbox"/> Son/Son-in-law <input type="checkbox"/> Non Relative <input type="checkbox"/> Declined to State
<b>*Relationship Status:</b>	<input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State
<b>*Employment:</b>	<input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Declined to State <input type="checkbox"/> Retired

**SECTION 4 (Care Receiver)**  
 (\*) Required for Family Caregiver Support Program Services

<b>*Unique Participant ID:</b>					
<b>Care Receiver Personal Data (Please Print):</b>					
First Name:					
Middle Initial:					
Last Name:					
*Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State				
*Birth Date:					
Last 4 Digits Social Security # <i>Optional</i>	<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				
Home Phone #:	(    )				
<b>Residential Address:</b>					
Street:					
City:					
*Zip Code:					
<b>Mailing Address:</b>					
Same as Residential? <input type="checkbox"/> Yes – Skip to Next Section					
Street:					
City:					
Zip Code:					

*Ethnicity:	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
*Federal Poverty Level (FPL)	<input type="checkbox"/> Yes (At or below FPL) <input type="checkbox"/> No (Above FPL) <input type="checkbox"/> Declined to State
*Lives Alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
*Rural?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
<b>*Race: (Please Check ONE)</b>	
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Hawaiian/Other Pacific Islander: <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Declined to State	
*Relationship Status:	<input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State

**SECTION 5 (Care Receiver)**

<b>*ADLs &amp; IADLs (Activities of Daily Living &amp; Instrumental Activities of Daily Living)</b>						
Required for Support Services, Respite Care, and Supplemental Services.						
Please rate your functional abilities for the following activities.						
ADLs	Rated Value	IADLs	Rated Value	IADLS	Rated Value	<b>RATING SCALE</b> 1 = Independent 2 = Verbal Assistance 3 = Some Human Help 4 = Lots of Human Help 5 = Dependent 6= Declined to State
Feeding		Meal Preparation		Light Housework		
Dressing		Shopping		Heavy Housework		
Bathing		Manage Medication		Notes:		
Transferring In/Out of Chair		Money Management				
Walking		Telephone				
Toileting		Transportation				