

Veteran Name: _____ Veteran Last Four: _____

VISN 8 CAREGIVER SUPPORT PROGRAM DISCLOSURES

The VA Program of Comprehensive Assistance for Family Caregivers is a clinical program that focuses on the needs of both the eligible Veteran and the eligible Primary and Secondary Family Caregivers. All eligibility criteria must be met in order to be approved and to continue to participate in the Program. Participation in the Program must be in the best interest of the Veteran and support progress in rehabilitation, recovery and the Veteran's well-being. Eligibility is reviewed annually or more frequently as deemed necessary and may result in change in tier levels or revocation from the program.

The Veteran in the Caregiver Program is expected to actively engage in treatment to increase function and independence and decrease the need for a caregiver when clinically appropriate. The long term goal for many Veterans is to safely meet care needs and be discharged from the Caregiver Program.

Eligibility for the program is determined by using a national template that assesses the Veteran's need for a Caregiver. Help with cooking, shopping, cleaning, yard work, lifting, transportation, childcare and general emotional support are not sole determinants when determining the Veteran's need for a caregiver. These are common activities in daily living and benefit the entire family. Performance of personal functions must support the Veteran's ability to remain safe from hazards or dangers in his/her environment. Eligibility criteria will distinguish between family roles and Veteran's ability/disability to perform personal functions (i.e. management of finances).

The following VISN 8 disclosures have been developed to further explain some key points of the VA Program of Comprehensive Assistance for Family Caregivers. The Primary Family Caregiver and the Veteran are both requested but not required to sign this document to acknowledge receipt. A copy will be included in the Veteran's Medical Record and the Caregiver Application Tracker.

Primary Family Caregiver

Please ask your Caregiver Support Coordinator to explain any item in this document that you do not fully understand. Please initial each item to signify you have read it and understand it

As the Caregiver participant in the Program of Comprehensive Assistance for Family Caregivers,

_____ I acknowledge and understand that this is a clinical program to support the Veteran's progress in rehabilitation, recovery and well-being and that at some point some Veterans will no longer meet the clinical eligibility for the program.

_____ I acknowledge and understand that ongoing assessments will be conducted for continued participation in the Program and for tier level changes. As care needs change, the tier level may also change as determined by the Veteran's clinical team

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_____ I acknowledge and understand that if the Veteran's Service Connection changes it does not mean an automatic raise in the Tier Level. The stipend is paid for the level of care provided and not based on the level of service connection.

_____ I acknowledge and understand that the stipend is not an entitlement, benefit or income but rather a recognition of the care and support I provide to the Veteran.

_____ I acknowledge and understand the stipend may change or be discontinued if the Veteran's care needs change. This may impact plans of making any major financial purchases

_____ I acknowledge that I have been advised not to give up or stop premium payments for any health insurance in which I am currently enrolled or may become enrolled while participating in the Caregiver Program.

_____ I acknowledge and understand that the revocation of my status as Primary Family Caregiver can be requested by the Veteran at any time.

_____ I acknowledge and understand that my status as Primary Family Caregiver may be revoked if I am unable to meet the care needs of the Veteran or the care is not in the best interest of the Veteran as determined by the clinical care team.

_____ I acknowledge and understand that noncompliance with Program requirements as defined by Public Law 111-163 may result in my revocation as Primary Family Caregiver by VA.

_____ I will provide information in writing, if requested, to verify that I meet the requirements to be a Primary Family Caregiver.

_____ I will promptly inform the Veteran's VA health care team of any changes in the Veteran's physical or mental health condition.

_____ I will work closely with the Veteran's treatment team and follow the Veteran's treatment team's recommendation(s) to support, promote, and encourage the Veteran in attaining the highest level of independence possible.

_____ I will promptly provide the Caregiver Support Coordinator with a written statement when the Veteran's address changes. This notification should be made when the Veteran moves and can be completed via mail, fax or email. Please note: A change in address may result in a stipend change. The change, if any, will go into effect the month following receipt of written notification. Example: If VA receives notification of the move on November 15th, the stipend amount will be changed effective December 1st and will be reflected in the December stipend payment (made on or about January 1st).

_____ I understand that home visits and new home visits are required and I will demonstrate flexibility in scheduling home visits and will be physically present and participate in those home visits and monitoring assessments

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_____ I will promptly inform the Caregiver Support Coordinator if there are any change to my own address, telephone numbers or email address.

_____ I will promptly inform the Caregiver Support Coordinator if I am no longer willing or able to serve as the Veteran's Primary Family Caregiver for any reason including a physical or mental health condition and/or change in relationship with the Veteran.

_____ I will promptly inform the Caregiver Support Coordinator if I am admitted to a hospital, long term care facility, rehabilitation facility, residential treatment program, or become incarcerated.

_____ I will promptly inform the Caregiver Support Coordinator if the Veteran is admitted to a hospital, long term care facility, rehabilitation facility, residential treatment program, or becomes incarcerated.

_____ I will inform the Caregiver Support Coordinator if I will be away from my home due to vacation or any other situation that arises including emergencies so that the Veteran's care and home visits are not affected.

_____ I will participate in VA and Non-VA support courses, conference calls and mentoring programs as recommended by the Caregiver Support Coordinator. Examples include online self-care courses, monthly caregiver support calls, webinars, peer support mentoring , mental health counseling and respite services

Veteran or Veteran's legal guardian

Please ask your Caregiver Support Coordinator to explain any item in this document that you do not fully understand. Please initial each item to signify you have read it and understand it

As the Veteran participant in the Program of Comprehensive Assistance for Family Caregivers,

_____ I acknowledge and understand that this is a clinical program to support my progress in rehabilitation, recovery and well-being and that I may eventually graduate from the Program.

_____ I acknowledge and understand that ongoing assessments will be conducted for my continued participation in the Program and for tier level changes. As my care needs change, the tier level may also change as determined by my clinical team.

_____ I acknowledge and understand that if my Service Connection changes it does not mean an automatic raise in the Tier Level. The stipend is paid for the level of care provided not based on my level of service connection.

_____ I acknowledge and understand that the stipend is not an entitlement or benefit but rather recognition of the care and support my Caregiver provides to me.

_____ I acknowledge and understand that the stipend may change or be discontinued if my care needs change and should not be counted upon for major financial purchases

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_____ I acknowledge and understand that I must obtain and maintain a VA health care provider and receive ongoing care from a VA medical center or clinic.

_____ I will notify the Caregiver Support Coordinator if I work with non-VA providers so that my care is coordinated between all my clinical providers

_____ I will work closely with my treatment team and follow my treatment team's recommendations to attain the highest possible level of independence.

_____ I will work closely with my Caregiver and will allow my Caregiver to support, promote, and encourage me in attaining the highest level of independence possible.

_____ I will promptly provide the Caregiver Support Coordinator with a written statement when my address changes. This notification should be made when I move and can be completed via mail, fax or email. Please note: An address change may result in a stipend change. Any such change will go into effect the month following receipt of written notification. Example: If VA receives notification of the move on November 15th, the stipend amount will be changed effective December 1st and will be reflected in the December stipend payment (made on or about January 1st).

_____ I will promptly inform my VA health care team if there are any changes in my physical or mental health condition.

_____ I will promptly inform the VA health care team, Primary Family Caregiver and Caregiver Support Coordinator if I am hospitalized, admitted to a long term care facility, rehabilitation facility, residential treatment program, or become incarcerated.

_____ I will promptly inform the CSC if my Primary Family Caregiver is admitted to a hospital, long term care facility, residential treatment program, rehabilitation facility, becomes incarcerated or is no longer providing care.

_____ I understand that home visits and new home visits are required and I will demonstrate flexibility in scheduling home visits and will be physically present and participate in those home visits and monitoring assessments

_____ I will provide a written statement to the Caregiver Support Coordinator if I decide I want to change or revoke my Primary Family Caregiver or Secondary Family Caregiver(s).

_____ I will follow the local VA medical center's policies for Release of Information and Privacy, which allows VA to share my health information with the Primary Family Caregiver.

_____ I acknowledge that noncompliance with Program requirements as defined by Public Law 111-163 may result in my revocation from the Program by VA.

By signing below I acknowledge that I have read the above disclosures and understand the information provided. Any items I did not understand, I asked for clarification from the local Caregiver Support Coordinator and it has been explained to my understanding and satisfaction.

Veteran Name: _____ Veteran Last Four: _____

Family Caregiver Name: _____

Family Caregiver Signature: _____ Date: _____

Veteran Name: _____

Veteran Signature: _____ Date: _____

Received by: _____

(VA Staff Name, Title, Date)