

Caddo Nation Administration on Aging (AoA)

Native American Family Caregiver Support Program

The Older Americans Act provides the opportunity to Title VI grantees to plan, develop, and implement family caregiver support programs for the benefit of non-paid family members caring for their elders and grandparents caring for their grandchildren. A family caregiver is defined as an adult family member or another individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. The Family Caregiver Support provides services for caregivers, not the elders.

While the Aging Network has always been involved with meeting the needs of both care recipients and family caregivers, by creating the National Family Caregiver Support Program, Congress explicitly recognized the important role that family caregivers occupy in our nation's long-term services and supports system. As of the 2006 Reauthorization of the Older Americans Act, the following specific populations of family caregivers are eligible to receive services:

- Adult family members or other informal caregivers age 18 and older providing care to individuals 55 years of age and older;
- Adult family members or other informal caregivers age 18 and older providing care to individuals of any age with Alzheimer's disease and related disorders;
- Grandparents and other relatives (not parents) 55 years of age and older providing care to children under the age of 18; and
- Grandparents and other relatives (not parents) 55 years of age and older providing care to adults age 18-59 with disabilities.

Each family caregiver presents his or her own unique needs and preferences for the types of programs and services they wish to receive at any given point in time. Further, the programs and services that are available vary from state to state and community to community. Fortunately, a number of national organizations and programs exist to help inform and support program development and innovation. Please see resources and links below for additional information regarding research, technical assistance and support for program development.

WHO IS ELIGIBLE FOR FAMILY CAREGIVER SUPPORT SERVICES?

- Informal, unpaid family caregivers of older adults 55 or older.
- Grandparents and relative caregivers, age 55 and older, who are the primary caregivers of a child not more than 18 years old because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child. They must be related to the child by blood, marriage, or adoption and live with the child.

While there may be a need in your community to find a caregiver for a person who lives alone and does not have a family caregiver, you cannot hire a caregiver for them with Title VI, Part C funds. Additionally, you cannot use Title VI, Part C funds to provide home nursing services for an elder. This program is only for non-paid family members providing caregiver services.

Caddo Nation of Oklahoma Respite Caregiver Application

1. Intake Form

(person needing care)

Date: _____

<p>Last Name: _____</p> <p>First Name: _____</p> <p>Middle Initial: _____</p> <p>Phone: House _____, Cell _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip code: _____ E-mail: _____</p> <p>Social Security number: _____ Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p>Veteran Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Race: <input type="checkbox"/> Native American Tribal Affiliation _____ <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other: _____</p> <p>Primary Language: _____ Secondary Language: _____</p> <p>Marital Status: _____ Education: _____</p> <p><input type="checkbox"/> lives alone <input type="checkbox"/> with spouse <input type="checkbox"/> with Family <input type="checkbox"/> with friend <input type="checkbox"/> other _____</p> <p><input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Dentures <input type="checkbox"/> Wheelchair <input type="checkbox"/> Glasses <input type="checkbox"/> Artificial Limb <input type="checkbox"/> Other: _____</p>	<p>Comments:</p>
<p>HEALTH PROBLEMS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Signatures:</p> <p>Participant: _____</p> <p>Date: _____</p>	

2. Additional Information (person taking care of above client 24/7)

Last Name: _____ First Name: _____

Phone: House _____, Cell _____

Address: _____

City: _____

State: _____ Zip code: _____ E-mail: _____

Relationship to client: _____

Signatures:

Participant: _____ Date: _____

3. CAREGIVER: (person providing relief)

Name _____ Address _____

Phone number(s) Home _____ Cell _____ Contact # _____

Relationship to client: _____

Signatures:

Participant: _____ Date: _____

IN CASE OF EMERGENCY:

Day Night Name: _____ Cell: _____

Address: _____ Work: _____

City/St/Z: _____ Home: _____

Relationship: _____

Do not write below line

AOA Outreach Worker: _____

Date: _____

Applicant approved for: _____

Date: _____

Applicant disapproved: _____

Date: _____

Scheduled Home Visit: _____

Date & Time: _____