Older Relative/Grandparent Caregiver Assessment Form

Welcome! Please tell us a bit about you (the caregiver) so we can offer services that best meet your needs. All your personal information is confidential. Please see the attached FAQs for more information.

# Registration and Eligibility Section – Must Be Completed Prior to Service

First Name: Click or tap here to enter text.

Middle Name (if applicable): Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Nickname (if applicable): Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Age: Click or tap here to enter text.

# Caregiver/Care Recipient Relationship

* Please select your eligibility for Older Relative Caregiver Services

Older Relative Caregiver of a Child

* + You are a grandparent, step-grandparent, or other older relative (not parent) of the child by blood, marriage, or adoption who is at least 55 years old living with the child, and identified as the primary caregiver through a legal or informal arrangement, and
  + Your care recipient is a child under 18 years old

Older Relative Caregiver of an individual (age 18 to 59) with a disability

* + You are a parent, grandparent, stepgrandparent, or other older relative of the care recipient by blood, marriage, or adoption who is at least 55 years old, living with, and the primary provider of in-home and community care to the care recipient
  + Your care recipient is an individual (18 to 59 years old) with a disability
* What is your relationship to the care recipient?

Grandparent

Parent

Other Relative:Click or tap here to enter text.

# Contact Information Section

Home Phone: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Home Address Line 1: Click or tap here to enter text.

Home Address Line 2 (Apt/Unit/Floor): Click or tap here to enter text.

County: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

Mailing address is the same as home address

Mailing Address Line 1: Click or tap here to enter text.

Mailing Address Line 2 (Apt/Unit/Floor): Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

# Demographics Section – Used for Anonymous Reporting to Our Funders

* Gender (select all that apply):

Male

Female

Non-binary/Third gender

Transgender

Another gender not listed: Click or tap here to enter text.

Refuse to answer question

* Ethnicity:

Hispanic or Latino/a/e

Not Hispanic or Latino/a/e

Refuse to answer question

* Racial Identity (select all that apply):

American Indian or Alaska Native

Asian or Asian American

Black or African American

Middle Eastern or North African

Native Hawaiian or Pacific Islander

White

Another identity not listed: Click or tap here to enter text.

Refuse to answer question

* Do you live alone or with others?

Alone

With others

Refuse to answer question

* Is your income above or at/below the amount listed for your household size in the table:

Above

At/below

Refuse to answer question

## Income Levels Table

|  |  |  |
| --- | --- | --- |
| Household Size | Monthly Income | Annual Income |
| 1 | $1,304 | $15,650 |
| 2 | $1,763 | $21,150 |

Use the table to determine if your income is above or at/below the monthly or annual income listed for your household size. For each additional person, add $5,500 to annual income.

# Communication Section

What is your primary language? Click or tap here to enter text.

# Service Access and Support Section

* Can you access this service through another benefit or program? For example, through your care recipient’s Medicaid benefits or food or cash assistance programs?

Yes

No

Refuse to answer question

I don’t know

* Are you isolated from community resources? Examples of community resources include stores, banks, health services, and senior center activities. Select “Yes” if any of the following statements are true for you:
  + You live in a remote area, or
  + You have a health condition or disability that makes it difficult for you to access community resources, or
  + You have financial or technology challenges that make it difficult for you to access community resources, or
  + You cannot drive or use public transportation, or
  + You do not feel welcome in your community due to cultural or language barriers

Yes

No

Refuse to answer question

# Emergency Contact Section

Name:Click or tap here to enter text.

Phone:Click or tap here to enter text.

Relationship:Click or tap here to enter text.

Refuse to provide contact

# Caregiver Needs Section

* Are you getting help from anyone with your caregiver duties?

Yes – professional/paid (formal) help

Yes – informal help

Yes – both formal and informal help

No

Refuse to answer question

* + If yes, please explain: Click or tap here to enter text.

# Modified Caregiver Strain Index

Here is a list of things that caregivers may find to be difficult. If an item applies to you, please indicate whether it applies on A Regular Basis or Sometimes. If an item does not apply to you, please mark No. Your situation may be slightly different, but the item could still apply.

1. My sleep is disturbed. For example: person I care for wanders at night; needs assistance; I can’t sleep

Yes, on a regular basis, add 2 points to the score

Yes, sometimes, add 1 point to the score

No, add 0 to the score

Refuse to answer questions

1. Caregiving is inconvenient. For example: helping takes a lot of time; it’s a long drive over to help

Yes, on a regular basis, add 2 points to the score

Yes, sometimes, add 1 point to the score

No, add 0 to the score

Refuse to answer questions

1. Caregiving is a physical strain. For example: lifting in or out of a chair/bed/toilet

Yes, on a regular basis, add 2 points to the score

Yes, sometimes, add 1 point to the score

No, add 0 to the score

Refuse to answer questions

1. Caregiving is confining. For example: restricts my free time; I cannot go places I enjoy

Yes, on a regular basis, add 2 points to the score

Yes, sometimes, add 1 point to the score

No, add 0 to the score

Refuse to answer questions

1. There have been family adjustments. For example: helping has disrupted my routine; there is no privacy; family arguments

Yes, on a regular basis, add 2 points to the score

Yes, sometimes, add 1 point to the score

No, add 0 to the score

Refuse to answer questions

1. There have been changes in personal plans. For example: I could not go on vacation; I cannot participate in activities that I enjoy

Yes, on a regular basis, add 2 points to the score

Yes, sometimes, add 1 point to the score

No, add 0 to the score

Refuse to answer questions

1. There have been other demands on my time. For example: other family members need me; work

Yes, on a regular basis, add 2 points to the score

Yes, sometimes, add 1 point to the score

No, add 0 to the score

Refuse to answer questions

1. There have been emotional adjustments. For example: arguments with family about caregiving; anger; sadness

Yes, on a regular basis, add 2 points to the score

Yes, sometimes, add 1 point to the score

No, add 0 to the score

Refuse to answer questions

1. Some behavior is upsetting. For example: person cared for has memory issues; outbursts

Yes, on a regular basis, add 2 points to the score

Yes, sometimes, add 1 point to the score

No, add 0 to the score

Refuse to answer questions

1. There have been work adjustments. For example: I have to take time off for caregiving duties; adjusting schedules; unable to work

Yes, on a regular basis, add 2 points to the score

Yes, sometimes, add 1 point to the score

No, add 0 to the score

Refuse to answer questions

1. Caregiving is a financial strain. For example: I use personal finances for caregiving; unsure about future financial situation

Yes, on a regular basis, add 2 points to the score

Yes, sometimes, add 1 point to the score

No, add 0 to the score

Refuse to answer questions

1. I feel completely overwhelmed. For example: I worry about the person I care for; I have concerns for my future

Yes, on a regular basis, add 2 points to the score

Yes, sometimes, add 1 point to the score

No, add 0 to the score

Refuse to answer questions

Total Caregiver Strain Index Score:Click or tap here to enter text.

# Care Recipient Assessment Form

Please fill in this form about your care recipient

# Registration and Eligibility Section – Must Be Completed Prior to Service

First Name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Age: Click or tap here to enter text.

# Eligibility for the Care Recipient

Care recipient is a minor

Care recipient is age 18-59 and has a disability

# Other Benefits

Care Recipient’s Health Insurance (select all that apply):

Medicare

Medicare Advantage

Medicaid

Medicaid Waiver(s)

VA

Private

None   
Other insurance: Click or tap here to enter text.

Refuse to answer question

## If the care recipient is a minor, you can skip to the Disclosures and Waivers Section

# Activities of Daily Living – for care recipients aged 18 and older

For each activity, please mark the level of help the care recipient needs.

1. Bathing or showering

Independent: I don’t need any help with this activity

Some help: I need some help or reminders from another person, but I can do parts of this activity on my own

Dependent: I always need help from another person to do this activity

Refuse to answer question

1. Dressing - Putting on and taking off clothing and shoes

Independent: I don’t need any help with this activity

Some help: I need some help or reminders from another person, but I can do parts of this activity on my own

Dependent: I always need help from another person to do this activity

Refuse to answer question

1. Using the bathroom - Getting to and on/off the toilet, managing clothing, wiping

Independent: I don’t need any help with this activity

Some help: I need some help or reminders from another person, but I can do parts of this activity on my own

Dependent: I always need help from another person to do this activity

Refuse to answer question

1. Transferring In/Out of Bed/Chair - Getting in and out of sitting or lying positions

Independent: I don’t need any help with this activity

Some help: I need some help or reminders from another person, but I can do parts of this activity on my own

Dependent: I always need help from another person to do this activity

Refuse to answer question

1. Walking/Getting Around the House

Independent: I don’t need any help with this activity

Some help: I need some help or reminders from another person, but I can do parts of this activity on my own

Dependent: I always need help from another person to do this activity

Refuse to answer question

1. Eating and drinking

Independent: I don’t need any help with this activity

Some help: I need some help or reminders from another person, but I can do parts of this activity on my own

Dependent: I always need help from another person to do this activity

Refuse to answer question

Comments on ADLs: Click or tap here to enter text.

# Instrumental Activities of Daily Living– for care recipients aged 18 and older

For each activity, please mark the level of help the care recipient needs.

1. Meal Preparation - Planning, making, and cleaning up meals

Independent: I don’t need any help with this activity

Some help: I need some help or reminders from another person, but I can do parts of this activity on my own

Dependent: I always need help from another person to do this activity

Refuse to answer question

1. Shopping - Selecting and paying for food, household supplies, clothing, and other items

Independent: I don’t need any help with this activity

Some help: I need some help or reminders from another person, but I can do parts of this activity on my own

Dependent: I always need help from another person to do this activity

Refuse to answer question

1. Medication Management - Getting prescriptions filled and taking medications as prescribed

Independent: I don’t need any help with this activity

Some help: I need some help or reminders from another person, but I can do parts of this activity on my own

Dependent: I always need help from another person to do this activity

Refuse to answer question

1. Money Management - Budgeting, using cards and bank accounts, paying bills

Independent: I don’t need any help with this activity

Some help: I need some help or reminders from another person, but I can do parts of this activity on my own

Dependent: I always need help from another person to do this activity

Refuse to answer question

1. Using a Telephone - Making and receiving calls

Independent: I don’t need any help with this activity

Some help: I need some help or reminders from another person, but I can do parts of this activity on my own

Dependent: I always need help from another person to do this activity

Refuse to answer question

1. Light Housework – Tidying up, sweeping, vacuuming, mopping, cleaning kitchen and bathroom surfaces, taking out garbage

Independent: I don’t need any help with this activity

Some help: I need some help or reminders from another person, but I can do parts of this activity on my own

Dependent: I always need help from another person to do this activity

Refuse to answer question

1. Heavy Housework – Deep cleaning the home, moving light furniture to clean under/behind

Independent: I don’t need any help with this activity

Some help: I need some help or reminders from another person, but I can do parts of this activity on my own

Dependent: I always need help from another person to do this activity

Refuse to answer question

1. Transportation – Driving, walking, or using other forms of available transportation, like buses

Independent: I don’t need any help with this activity

Some help: I need some help or reminders from another person, but I can do parts of this activity on my own

Dependent: I always need help from another person to do this activity

Refuse to answer question

Comments on IADLs: Click or tap here to enter text.

* Does anyone help you with ADL or IADL activities?

Yes  
No

Refuse to answer question

* + If yes, who is assisting you? Click or tap here to enter text.
* Are you interested in learning about nutrition and a healthy diet? If yes, you're invited to enroll in Text2LiveHealthy, a nutrition education program delivered to you via text message. Scan this QR code with your phone’s camera to enroll or text the word FRUIT to 97699. Message & Data Rates May Apply. Text HELP for information. Text STOP to 97699 to opt out. No purchase necessary. For Privacy Policy and Terms and Conditions, visit [Text 2 Live Healthy](https://coloradosph.cuanschutz.edu/text2livehealthy).



# Disclosures and Waivers

I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service providers and I give my consent to do so.

Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.

If filled out by someone other than the client (for example a caregiver or assessor, please check here  and sign below)

Filled out by: Click or tap here to enter text.

Date: Click or tap here to enter text.