

2018 Caregiver Assessment Form

Updated March 1, 2018

Basic Caregiver Information:		Date of Assessment: / /	
*Last Name:	*First Name:	Middle Initial:	
*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	*Date of Birth: / /	*Age:	
Residential Address:			
*Address Line 1:		*Address Line 1:	
*City:	*State:	*Zip:	
*County:	Phone (Home):		
Phone (Mobile):	Phone (Work):		
Location Comments (Directions):			
Email Address:		Are you receiving Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your marital status ? <input type="checkbox"/> Married/Domestic Partner <input type="checkbox"/> Single <input type="checkbox"/> Widowed			
*Lives : <input type="checkbox"/> Alone <input type="checkbox"/> With others		What is your primary language?	
*What is your race?		*Ethnicity? <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
*Are you visually impaired (cannot be corrected with glasses)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How many people live in your household?			
*If you live alone, is your individual monthly income below \$1,012? <input type="checkbox"/> Yes <input type="checkbox"/> No		*If you have a spouse or partner, is your monthly household income below \$1,372? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address, if different from physical Address:			
Address Line 1:		Address Line 2 (Apt #, Unit #, Floor #):	
City:		State:	Zip:
*Are you a grandparent, raising grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you working? <input type="checkbox"/> No <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Volunteering <input type="checkbox"/> Seeking employment	
Are you interested in receiving nutrition counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about our services? <input type="checkbox"/> AAA Brochure <input type="checkbox"/> AAA Newsletter <input type="checkbox"/> Channel 9 Senior Source <input type="checkbox"/> Congregate Meal Site <input type="checkbox"/> From a Current Client <input type="checkbox"/> From a Friend/Relative <input type="checkbox"/> Senior Fair <input type="checkbox"/> Walk-In <input type="checkbox"/> Web Site <input type="checkbox"/> Other _____			
Do you want to hear about other services for caregivers? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how can we contact you? <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone	
When is the best time to contact you?		Please tell us what services you would like to receive:	

Care Recipient Information:

Please tell us whom you are taking care of (we need to have a separate assessment for each adult care recipients):

*First Name(s) of Care Recipient(s)	*Last Name(s) of Care Recipient(s)	*Street Address of Care Recipient(s)	*City/Town of Care Recipient(s)	*State of Care Recipient(s)	*Zip Code of Care Recipient(s)	*Caregiver Relationship to Care Recipient(s)

Are you getting help from anyone with your caregiver duties: Yes No If yes, please explain below:

Please tell us what caregiving issues you are struggling with and what you need help with in your caregiving tasks:

- Counseling Day care Education/training Information about services In-home sitter Overnight respite
Personal care Supplemental services Support groups Other

If other, please explain:

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 provider and I herewith give my consent to do so.

(If filled out by assessor or via phone, please have assessor check here and sign below).

Signature _____ Date _____

Office use only: Information filled out by _____ Date _____

Please read the following information concerning this Intake Form and Complaint/Grievance Procedure:

We are asking you to complete the attached form to the best of your knowledge so we understand how you would like to receive services. Some basic information (*) is needed to meet compliance with federal and state reporting requirements and to target consumers age 60 and older who have the greatest economic and social need, such as individuals who are low-income minority, frail, and rural. Requests for services are processed as funds allow.

Your income level is not used to qualify you to receive services, but rather as a means to gather demographic data to various entities to show the need for continued funding of services. Nobody will contact you, unless you choose so in order to receive information about services which might be available to you.

If there is not enough room on the application for any of your responses, please attach a separate sheet.

Complaint/Grievance/Appeal Procedure:

The purpose of the Complaint/Grievance/Appeal Procedure is

- To ensure fair and equitable treatment of all consumers, eliminate dissatisfaction, resolve problems and
- To establish complaint and appeals procedures that inform the consumers of their rights to complain and receive a written response at the provider level

Any OAA/OCA (Older Americans Act/Older Coloradans Act) eligible consumer who has a complaint/grievance with the organization asking you to fill out this assessment form has the right to file a complaint/grievance with said organization and, if not satisfied with the organization’s decision, to appeal that decision with either the local AAA (Area Agency on Aging) or the SUA (State Unit on Aging).

The complete Complaint/Grievance/Appeal Procedure is available upon request by contacting your local AAA and/or the SUA as follows:

Office of Community Access and Independence
Aging and Adult Services
1575 Sherman Street, 10th Floor
Denver, CO 80203
(303) 866-2800 (Main Line)
(303) 866-2977 (Fax)
(888) 866-4243 (Toll Free)

Contributions:

Any person receiving services shall have the opportunity to contribute towards the cost of the service. No eligible person shall be denied a service because of their inability and/or choice not to contribute.

KEEP THIS FORM FOR YOUR RECORDS

Instructions about filling out the 2018 Caregiver Assessment Form:

This Caregiver Assessment Form needs to be filled out by the AAAs or their providers to gather the information required by the federal or state government to be entered into Colorado's official data system (currently PeerPlace). In addition to registering a caregiver in PeerPlace, by entering data into the detailed consumer record, the rest of the required information needs to be entered into the assessment portion of PeerPlace. For every caregiver, there has to be a link to at least one care recipient client record in PeerPlace.

(*) Any fields with this prefix designate demographic data collected by the federal or state government to support the need for continued funding for the various programs. This data will be de-identified and used in aggregate form to compile statistical information. None of the data is sold to a third party and any personal information will only be used in an effort to better serve the client in providing him/her with services.

There is one additional required field you need to be aware of, which is not on the form, but needs to be checked in the Financial section under Client Information in the Caregiver Assessment when you enter the assessment into PeerPlace. That field is 'Is the client's income level below the national poverty level?' Please check "Yes", if the income is in the first income range in either the individual or household monthly income range question; mark "No" otherwise.

Another oddity to be aware of, is the 'What is your race?' question. When you check the race in the assessment, the only thing that comes across to the consumer record is a 'Yes' or 'No' on the 'Is Ethnic Race specified?' question under the NAPIS section of the consumer record. You still need to mark the correct race under the Ethnic Races section on the right side of the consumer detail record screen.

Any fields which do not have the (*) prefix are optional, but help determine in what other ways we might be able to help the client and to get feedback about which of our outreach programs are successful. Please try to obtain as much information as possible, since we can only help when we know that there is a need.

While we ask you to make an honest effort to gather this basic information, we cannot deny services to clients on the basis of them refusing to provide the requested information, since our programs are not means tested. Since our programs are specifically for the elderly, particularly for persons age 60 or over, the date of birth needs to be filled in. If the client refuses to provide his/her date of birth, please enter 01/01/1901. Then, indicate in the General Comments "client refused to provide DOB, so the default date was entered".

This form must be used for caregivers receiving one or more of the service types with the following prefixes under the Caregiver Workflow. The care recipient needs to have his/her own assessment, which in most cases will be the In-Home Services assessment. The caregiver client does not need to be reassessed:

- CG Access Assistance (if this is entered as an aggregate, no assessment is needed)
- CG Counseling/Training
- CG Information Services (if this is entered as an aggregate, no assessment is needed)
- CG Respite
- CG Supplemental Services – Congregate Meals
- CG Supplemental Services – Home Delivered Meals
- CG Supplemental Services – Material Aid
- CG Supplemental Services – Screening/Evaluation
- CG Supplemental Services - Transportation

If you have any questions, please contact your local AAA office.