

# **Title III - Intake and Assessment Forms Guide**

**CALIFORNIA DEPARTMENT OF AGING  
LONG-TERM CARE AND AGING SERVICES DIVISION**

[www.aging.ca.gov](http://www.aging.ca.gov)

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# Title III - Intake & Assessment Forms Guide

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## Overview

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**Introduction** Data and the information created from data elements contribute to valuable knowledge about service use and client demographics. It is a source for Area Agencies on Aging (AAA), California Department of Aging (CDA), and U.S. Administration on Aging (AoA) performance measures.

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**Background** AAA staff spends a large percentage of their time reading, completing, processing, and retrieving forms created or received by the agency.

Forms are an important part of the operations that aid in the collection and documentation of information. Well-designed and well-managed forms can reduce errors, and save time and money.

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**Purpose** The purpose of this guide is to help AAA staff identify the required AoA and CDA Title III data elements. This guide provides AAAs with guidance, resources, and sample layouts and forms to help AAAs evaluate and design your agency's intake forms.

*NOTE:* This guide does not address Community Based Service Programs (CBSP), Health Insurance Counseling and Advocacy Program (HICAP), Long-Term Ombudsman Program, Senior Community Services Employment Program (Title V), or fiscal forms.

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## Data Performance Reporting Requirements

**Purpose** The Older Americans Act (OAA) and the Older Californians Act (OCA) require a report of statistical data reflecting the number of service units provided and the number of registered clients or the estimated clients/audience reached.

**Process** The following table describes the data performance management process.

Who	Does What
Provider or AAA	<ul style="list-style-type: none"> <li>collects and tracks client/user information and service units.</li> <li>reports service utilization units, consumer demographics and expenditures, and</li> <li>maintains records.</li> </ul>
AAA	<ul style="list-style-type: none"> <li>plans and administers OAA and OCA data management system(s).</li> <li>implements CDA data reporting requirements.</li> <li>develops and maintains written procedures.</li> <li>analyzes, corrects, and verifies data.</li> <li>monitors and evaluates local services.</li> <li>trains staff and provides technical assistance to the providers, clients, and caregivers.</li> <li>reports data to CDA via the statewide California Aging Reporting System (CARS).</li> </ul>
CDA	<ul style="list-style-type: none"> <li>sets data reporting standards.</li> <li>monitors and evaluates AAA programs.</li> <li>plans and administers the CARS.</li> <li>trains AAA staff and provides them with technical assistance as needed.</li> <li>reports data and program information to AoA and the California State Legislature.</li> </ul>
AoA	<ul style="list-style-type: none"> <li>provides Congress, states and other stakeholders with National Aging Program Information System (NAPIS) data.</li> </ul>

### CARS Approval



AAAs shall assure that all data submitted is complete, accurate, timely, and verifiable.

AAA staff must approve CARS File Upload quarterly data and NAPISCare annual data within 10 days of notice of passed status. If the data cannot be corrected within 10 days, AAA staff must make an explanation in the comments box in the report screen. CDA will be able to review the data after the 10 day approval period.

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## Data Performance Reporting Requirements, Continued

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### **NAPIS Validation**

As part of the annual year-end performance reporting process, the AAA Director, or designee, will be required to validate the NAPIS data.

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### **What is Reviewed**



CDA reviews the accuracy and completeness of the reported data on a regular basis. CDA reviews intake and assessment forms, reporting performance information, supporting documents, and reporting procedures during the CDA monitoring process.

AAAs shall keep complete records/documents on file to support all reports submitted to CDA. All paper and electronic client information records, data elements, and printouts collected are confidential and shall be secured and remain protected from unauthorized disclosure.

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# Designing Forms that Work

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**Introduction** The arrangement of the questions on the form will make it easier to enter, complete, and retrieve information.

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**Group Data** Group related items with clearly defined sections to make the form easier to fill out. It can also eliminate the need for backtracking and reduces incomplete or missing data elements.

Databases may have separate data entry screens for

- Client Detail Identification
  - ADLs and IADLs, and/or
  - Nutritional Risk Assessment.
- 

**Establish Item Sequence** Arrange questions in a sequence that will match the structure of the database configuration. This will allow for easier data entry from one section to the next without having to search the form for the correct entry area.

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**Make Required Questions Clear** Make required data elements clear and visible. Design forms to clearly define form fields with bound boxes and headers.

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**What is Reviewed** CDA reviews your forms to ensure all required data collection elements are integrated. See [Guidelines Chart](#).



## Required Title III B, C, and D (Clusters I & II), Registered Client Fields

### Chart Guidelines

Apply the following chart to determine if your form(s) have the required data collection and reporting elements for the Title III B, C, and D (Clusters I and II) Programs. See [on page 36](#) for Non-Registered fields.

### CARS Title III B, C, and D (Clusters I and II) Required Registered Client Fields

Service Category	Service Units	Registered Client <sup>1</sup>	ADL & IADL <sup>2</sup>	Nutritional Risk <sup>3</sup>	Funding Source
Personal Care	X Hour	X	X		III B
Homemaker	X Hour	X	X		III B
Chore	X Hour	X	X		III B
Home-Delivered Meals	X Meal	X	X	X	III C
Adult Day Care/Health	X Hour	X	X		III B
Case Management	X Hour	X	X		III B
Congregate Meals	X Meal	X		X	III C
Nutritional Counseling	X Session per Participant	X		X	III C & D
Assisted Transportation	X One-way Trip	X			III B

#### <sup>1</sup> Registered Client - Required Client Level Detail

Participant ID to Determine Unduplicated Count
Birth Date
Zip Code
Rural Designation
Gender
Race
Ethnicity
Poverty Status
Living Arrangement

*(X) Required element*

**\*\* Refer to CARS File Specifications for file reporting structure and optional data elements. Documents are at [California Aging Reporting System \(CARS\)](#)**

**\*\* Refer to [Services Categories and Data Dictionary \(June 2011\)](#) for category definitions.**

#### <sup>2</sup> ADL/IADL - Required Functional Rating Scale for each of the following:

ADL: Eating
ADL: Bathing
ADL: Toileting
ADL: Transferring in/out of bed/chair
ADL: Walking
ADL: Dressing
IADL: Meal Preparation
IADL: Shopping
IADL: Medication Management
IADL: Money Management
IADL: Using Telephone
IADL: Heavy Housework
IADL: Light Housework
IADL: Transportation

#### ADL & IADL Functional Impairment Rating Scale

(1) Independent: Can perform a task without human assistance.
(2) Verbal Assistance: Requires verbal prompting to begin or complete a task.
(3) Some Human Help: Requires some physical assistance to perform a task.
(4) Lots of Human Help: Requires substantial assistance to perform a task.
(5) Dependent: Totally dependent on another person to perform a task.
(6) Declined to State
(0) Missing
Or as default, report only three levels: 1, 3, or 5 (and 6 – Declined to State).

#### <sup>3</sup> Nutritional Risk - Required Score

(1) Yes: High nutritional risk with score of 6 or higher.
(2) No: Nutritional score with 5 or lower.
(3) Declined to State
(0) Missing
Scores are based on the <i>Determine Your Nutritional Health</i> checklist.

## Required Title III E, Registered Caregiver Fields (Group 1)

### Chart Guidelines

Apply the following chart to determine if your form(s) have the required data collection and reporting elements for the Title III E Family Caregiver Support Program (FCSP) Caring for Elderly and Caring for Child. See [page 38](#) for Non-Registered fields.

### CARS Title III E, FCSP Caring for Elderly/Caring for Child, Required Registered Caregiver Fields

Caring for Elderly/Child Service Category	Service Units	Registered Caregiver <sup>1</sup>
Assessment	X Hour	X
Counseling	X Hour	X
Peer Counseling	X Hour	X
Support Group	X Hour	X
Training	X Hour	X
Case Management	X Hour	X
In-Home Supervision	X Hour	X
Homemaker Assistance	X Hour	X
In-Home Personal Care	X Hour	X
Home Chore	X Hour	X
Out-of-Home Day Care	X Hour	X
Out-of-Home Overnight Care	X Hour	X
Assistive Devices	X Device/Occurrence	X
Home Adaptations	X Modification/Occurrence	X
Registry	X Hour/Occurrence	X
Emergency Cash/Material Aid	X Assistance/Occurrence	X

<sup>1</sup> Registered Caregiver Required Client Level Detail
Participant ID to Determine Unduplicated Count
Birth Date
Zip Code
Rural Designation
Gender
Race
Ethnicity
Poverty Status
Living Arrangement
Relationship Status
Employment Status
Caregiver Relationship

*(X) Required element*

**\*\* Refer to CARS File Specifications for file reporting structure and optional data elements. Documents are at [California Aging Reporting System \(CARS\)](#)**

**\*\* Refer to [Service Categories and Data Dictionary \(2011\)](#) for category definitions.**

# Required Title III E, Registered Care Receiver Fields (Group 1)

## Chart Guidelines

Apply the following chart to determine if your form(s) have the required data collection and reporting elements for the Care Receiver in the Title III E, Family Caregiver Support Program (FCSP), Caring for Elderly.

### CARS: Title III E, FCSP Caring for Elderly, Required Registered Care Receiver Fields

Caring for Elderly Service Category	Registered Care Receiver <sup>2</sup>	ADL & IADL <sup>3</sup>
Assessment	X	X
Counseling	X	X
Peer Counseling	X	X
Support Group	X	X
Training	X	X
Case Management	X	X
In-Home Supervision	X	X
Homemaker Assistance	X	X
In-Home Personal Care	X	X
Home Chore	X	X
Out-of-Home Day Care	X	X
Out-of-Home Overnight Care	X	X
Assistive Devices	X	X
Home Adaptations	X	X
Registry	X	X
Emergency Cash/Material Aid	X	X

<sup>2</sup> Registered Care Receiver Required Client Level Detail
Participant ID to Determine Unduplicated Count
Birth Date
Zip Code
Rural Designation
Gender
Race
Ethnicity
Poverty Status
Living Arrangement
Relationship Status

*(X) Required element*

**\*\* Refer to CARS File Specifications for file reporting structure and optional data elements.**

Documents are at [California Aging Reporting System \(CARS\)](#)

**\*\* Refer to [Service Categories and Data Dictionary \(June 2011\)](#) for category definitions.**

<sup>3</sup> ADL & IADL - Required Functional Rating Scale for each of the following:
ADL: Eating
ADL: Bathing
ADL: Toileting
ADL: Transferring in/out of bed/chair
ADL: Walking
ADL: Dressing
IADL: Meal Preparation
IADL: Shopping
IADL: Medication Management
IADL: Money Management
IADL: Using Telephone
IADL: Heavy Housework
IADL: Light Housework
IADL: Transportation

ADL & IADL Functional Ability Rating Scale
(1) Independent: Can perform a task without human assistance.
(2) Verbal Assistance: Requires verbal prompting to begin or complete a task.
(3) Some Human Help: Requires some physical assistance to perform a task.
(4) Lots of Human Help: Requires substantial assistance to perform a task.
(5) Dependent: Totally dependent on another person to perform a task.
(6) Declined to State
(0) Missing
Or as default, report only three levels: 1, 3, or 5 (and 6 – Declined to State).

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## Required Title III E, Registered Care Receiver Fields (Group 1), Continued

### Chart Guidelines

Apply the following chart to determine if your form(s) have the required data collection and reporting elements for the Care Receiver in the Title III E Family Caregiver Support Program (FCSP) Caring for Child.

### CARS: Title III E, FCSP Caring for Child Required Registered Care Receiver Fields

Caring for Child Service Category	Registered Care Receiver <sup>2</sup>
<b>SUPPORTIVE SERVICES</b>	
Assessment	X
Counseling	X
Peer Counseling	X
Support Group	X
Training	X
Case Management	X
<b>RESPIRE CARE</b>	
In-Home Supervision	X
Homemaker Assistance	X
In-Home Personal Care	
Home Chore	X
Out-of-Home Day Care	X
Out-of-Home Overnight Care	X
<b>SUPPLEMENTAL SERVICES</b>	
Assistive Devices	X
Home Adaptations	X
Registry	X
Emergency Cash/Material Aid	X

<sup>2</sup> Registered Care Receiver Required Client Level Detail
Participant ID to Determine Unduplicated Count
Birth Date
Zip Code
Rural Designation
Gender
Race
Ethnicity
Poverty Status
Living Arrangement
Relationship Status

NOTE: There are no ADL or IADL data collection requirements for Care Receivers in FCSP Caring for Child.

**(X) Required element**

\*\* Refer to CARS File Specifications for file reporting structure and optional data elements. Documents are at [California Aging Reporting System \(CARS\)](#)

\*\* Refer to [Service Categories and Data Dictionary \(June 2011\)](#) for category definitions.

## Required Registered Client Level Detail

**Introduction** OAA programs use a number of client demographic elements for targeting and/or reporting purposes. The required registered client level details are birth date, zip code, rural designation, gender, race, ethnicity, poverty status, and living arrangement.

**Service Categories Required** The table below lists the programs that require collecting client level detail for registered clients, or FCSP caregivers *and* care receivers.

<b>Service Category</b>
<b>Title III B, C, and D, Supportive and Nutrition Services</b>
Personal Care
Homemaker
Chore
Home-Delivered Meals
Adult Day Care/Health
Case Management
Congregate Meals
Nutritional Counseling
Assisted Transportation
<b>Title III E, FCSP Caregiver Caring for Elderly/Grandparent Caring for Child (Caregiver &amp; Care Receiver)</b>
<b>Supportive Services</b>
Assessment
Counseling
Peer Counseling
Support Group
Training
Case Management
<b>Respite Care</b>
In-Home Supervision
Homemaker Assistance
In-Home Personal Care
Home Chore
Out-of-Home Day Care
Out-of-Home Overnight Care
<b>Supplemental Services</b>
Assistive Devices
Home Adaptations
Registry
Emergency Cash/Material Aid

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## Required Registered Client Level Detail, Continued

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### What is Reviewed



CDA reviews registered client level details for completeness. The client's information is self-reported and collected annually. If a client declines to provide information, document the action. Service cannot be denied to eligible clients declining to provide information.

All of the listed data elements, with the exception of birth date, include a "Declined to State" option which is calculated separately from "missing" information. Missing information occurs when a client is not asked to identify the required demographic data element or information was not entered into the AAA database.

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### Birthdate

Collect the month (##), day (##), and year (####) of birth.

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### Elements Zip Code

Zip Code can be collected as ##### or ##### - ####.

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### Gender

The table below lists the various options available to report to CARS.

Gender CARS Options
Female
Male
Declined to State
Missing

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### Rural Designation

According to the 2010 census, a rural area encompasses all population, housing, and territory not included in an urban area. (An urban area is comprised of a densely settled core of census tracts and/or census blocks that meet minimum population requirements, along with adjacent territory containing non-residential urban land uses as well as territory with low population density included to link outlying densely settled territory with the densely settled core. To qualify as an urban area, the territory must encompass at least 2,500 people, at least 1,500 of which reside outside institutional group quarters.) Often a client may not know how to declare their rural designation. You may apply a rural designation on behalf of the client. If applied, make sure those areas, such as zip codes, are documented in your procedures.

To find 2000 Census information of rural and urban areas by zip code you can visit [Rurality by Zip Code from 2000 Census](#)

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## Required Registered Client Level Detail, Continued

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### Rural Designation (Continued)

The table below lists the various options available to report to CARS.

Rural CARS Options
Rural
Urban
Declined to State
Missing

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### Race

The following reflects the Office of Management and Budget's (OMB) reporting requirement for collecting race, and California's Government Code Section 8310.5 reporting requirement for collecting different Asian and Native Hawaiian/Other Pacific Islander groups.

The table below lists the various options available to report to CARS.

Race CARS Options	
White	Black or African American
American Indian or Alaska Native	Guamanian
Chinese	Hawaiian
Japanese	Samoan
Filipino	Other Pacific Islander
Korean	Other Race
Vietnamese	Multiple Race
Asian Indian	Declined to State
Laotian	Missing
Cambodian	
Other Asian	

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### Ethnicity

The following reflects the OMB's ethnicity reporting requirement. Hispanic or Latino origin is a separate question from the race category.

The table below lists the various options available to report to CARS.

Ethnicity CARS Options
Not Hispanic/Latino
Hispanic/Latino
Declined to State
Missing

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## Required Registered Client Level Detail, Continued

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### Living Arrangement

AoA defines “living alone” as a one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting.

The table below lists the various options available to report to CARS.

Living Arrangement CARS Options
Alone
Not Alone
Declined to State
Missing

---

### Unique Participant ID

AoA requires that State Units on Aging report the total unduplicated clients who were served in registered services. The most accurate method to avoid duplicating information is by assigning a unique participant identifier to a client (generally, each AAA data management system creates this identifier once the minimum data elements are entered into the system). All services received by the client can be tracked by tying them to the client’s unique participant identifier.

When developing a unique identification number, AAAs must ensure that personal, sensitive, and confidential information is protected from inappropriate or unauthorized access or disclosure. AAAs must have written confidentiality procedures to ensure that no personal information is disclosed by the AAA or provider without informed consent of the client.

OAA services cannot be denied to eligible clients if they do not wish to disclose their information.

The unique “Participant ID” must be collected as an integer.

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### Termination Date

This is the date on which the participant stopped receiving a service.

This date must be collected as YYYY-MM-DD.

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## Required Registered Client Level Detail, Continued

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**Termination Reason** This field identifies the reason for terminating services (i.e., deactivating a client).

The table below lists the various options available to report to CARS.

Reason for Deactivation CARS Options	
Deceased	No Longer MSSP Eligible
Moved out of Service Area	Won't Follow Care Plan
No Longer Desires Services	On Hold
No Longer SNF Certifiable	Service No Longer Needed
No Longer Medi-Cal Eligible	Past Active
Institutionalization	On Waiting List
High Cost of Services	Other Reason

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## Federal Poverty Determination

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**Introduction** While the OAA is concerned with the provision of services to all older persons, it requires assurance that preference is given to older individuals with greatest economic or social need, with particular attention to low-income minority individuals.

Under the OAA, the term “greatest economic need” means the need resulting from an income level at or below the poverty levels established by OMB.

AoA uses the Federal Poverty Guidelines for targeting and reporting purposes.

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## Federal Poverty Determination, Continued

### Service Categories Required

The table below lists the programs that require collecting poverty status for registered clients, or FCSP caregivers *and* care receivers.

<b>Service Category</b>
<b>Title III B, C, and D, Supportive and Nutrition Services</b>
Personal Care
Homemaker
Chore
Home-Delivered Meals
Adult Day Care/Health
Case Management
Congregate Meals
Nutritional Counseling
Assisted Transportation
<b>Title III E, FCSP Caregiver Caring for Elderly/Grandparent Caring for Child (Caregiver and Care Receiver)</b>
<b>Supportive Services</b>
Assessment
Counseling
Peer Counseling
Support Group
Training
Case Management
<b>Respite Care</b>
In-Home Supervision
Homemaker Assistance
In-Home Personal Care
Home Chore
Out-of-Home Day Care
Out-of-Home Overnight Care
<b>Supplemental Services</b>
Assistive Devices
Home Adaptations
Registry
Emergency Cash/Material Aid

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## Federal Poverty Determination, Continued, Continued

### What to Include



Create a question to determine if the client, caregiver, or care receiver is at or below 100 percent of the federal poverty level.

Information is self-reported and collected annually.

### What is Reviewed



CDA will review demographic data to determine if you are reaching individuals who are at or below the federal poverty line.

### Examples

You may use one of the examples below or create one of your own. If the form does not list the federal poverty amounts, include an instructional sheet.

Example 1	Example 2	Example 3	Example 4
<input type="checkbox"/> At or Below FPL (Low Income)  <input type="checkbox"/> Above FPL  <input type="checkbox"/> Declined to State	Total # Living in Household _____  Approx. Monthly Gross Income \$ _____  <input type="checkbox"/> Declined to State	# of Household Members (Circle One)  1 2 3 4 5 6 7 8+  What is Your Approximate Household Income?  \$ _____ Per Month/Per Year  <input type="checkbox"/> Declined to State	Living Alone <input type="checkbox"/> Less than \$#,### Per Month  Two Person Household <input type="checkbox"/> Less than \$#,### Per Month  <input type="checkbox"/> Other  <input type="checkbox"/> Declined to State

### Resources

This table identifies where you can obtain reference documentation. The U.S. Department of Health and Human Services (HHS) updates this information periodically. The Federal Register Poverty Guidelines are normally published in late January each year.

Agency	Document	Web Location
CDA	CDA Poverty Guidelines Report	<a href="http://www.aging.ca.gov/Data and Statistics/Default.asp#Poverty">http://www.aging.ca.gov/Data and Statistics/Default.asp#Poverty</a>
HSS	HSS Poverty Guidelines and Federal Register References	<a href="http://aspe.hhs.gov/poverty">http://aspe.hhs.gov/poverty</a>

# ADL and IADL Functional Impairment Status

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## Introduction

OAA programs use the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) functional impairment scale to identify individuals with functional limitations. AAAs must also review functional limitations to determine eligibility for the provision of FCSP Caring for Elderly Respite Care and Supplemental Services.

The OAA preference is to give services to older individuals with greatest social need. The term “greatest social need” means the need caused by non-economic factors that include --

- (A) physical and mental disabilities,
- (B) language barriers,
- (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that --
  - (i) restricts an individual’s ability to perform normal daily tasks; or
  - (ii) threatens such individuals’ capacity to live independently.

AoA uses ADL and IADL characteristics for targeting frail older individuals and reporting purposes.

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## Service Categories Required

The table below lists the programs that require ADL and IADL limitation status for registered clients.

Service Category
<b>Title III B and C-2, Supportive and Nutrition Services</b>
Personal Care
Homemaker
Chore
Home-Delivered Meals
Adult Day Care/Health
Case Management

*Continued on next page*

## ADL and IADL Functional Impairment Status, Continued

### Service Categories Required (continued)

The table below lists the programs that require ADL and IADL limitation status for registered care receivers in the FCSP Caring for Elderly.

Service Category
<b>Title III E, FCSP Caregiver Caring for Elderly (Care Receiver)</b>
<b>Supportive Services</b>
Assessment
Counseling
Peer Counseling
Support Group
Training
Case Management
<b>Respite Care</b>
In-Home Supervision
Homemaker Assistance
In-Home Personal Care
Home Chore
Out-of-Home Day Care
Out-of-Home Overnight Care
<b>Supplemental Services</b>
Assistive Devices
Home Adaptations
Registry
Emergency Cash/Material Aid

### What to Include



Create six (6) ADL and eight (8) IADL questions with the functional ability rating scale to determine the impairment level of the applicant or client.

Information is self-reported and collected annually. Conduct reassessment as needed, based on changes in the client's status within the year.

**Arrange questions to match database entry sequence.**

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## ADL and IADL Functional Impairment Status, Continued

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### How to Determine Score

AoA defines “impairment in Activities of Daily Living (ADL)” as the inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.

AoA defines “impairment in Instrumental Activities of Daily Living (IADL)” as the inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using the telephone, doing heavy housework, doing light housework, and transportation ability (transportation ability refers to the individual's ability to make use of available transportation without assistance).

The ADL and IADL functional ability rating scale is applied to each question. The CARS system will count the number of ADLs and IADLs where verbal or human assistance is required. An applicant's or client's sum determines the overall level of functional impairment.

If the Combined Total Number of ADLs & IADLs is...	Then Client is...
0	independent, has no functional limitations.
1-2	frail, has minimal or mild functional impairments.
3 or greater	severely disabled and vulnerable to loss of independence.

To learn more about the data processing and output reports for ADLs and IADLs see the [CARS Overview and Guidance Appendix C](#)

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### What is Reviewed



CDA will review demographic data to determine if the AAA is reaching individuals who are functionally impaired.

In order to qualify for Title III E, FCSP Caring for Elderly Respite Care and Supplemental Services care receivers must have two or more ADL limitations or a cognitive impairment.

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## ADL and IADL Functional Impairment Status, Continued

**Example 1** Displays descriptive questions with ADL and IADL examples.

<b>ADLs and IADLs - How would you rate your ability to perform the following daily activities?</b> 1=No Assistance Needs, 2=Requires Verbal Assistance, 3=Some Human Help, 4=Lots of Human Help, 5=Cannot Do It At All	
<b>Activities of Daily Living (Rate 1-5)</b>	
	Can you manage eating without any help?
	Can you bathe or shower without any help?
	Can you use the toilet without any help?
	Can you get in and out of bed or chair without any help?
	Can you walk around inside without any help?
	Can you dress without any help?
<b>Instrumental Activities of Daily Living (Rate 1-5)</b>	
	Can you prepare meals for yourself without help?
	Can you shop for food and other things you need without help?
	Can you take your medications without help?
	Can you handle your own money, like keeping track of bills without help?
	Can you answer the telephone or make a phone call without help?
	Can you do heavy housecleaning, like yard work and laundry, without any help?
	Can you do light housekeeping, like dusting or sweeping, without help?
	Can you use public transportation or drive beyond walking distances without help?
Notes	<input type="checkbox"/> Declined to State

**Example 2** Displays a list of the ADLs and IADLs. May require staff to provide additional description information.

<b>ADLs and IADLs (Activities of Daily Living and Instrumental Activities of Daily Living)</b>						
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
Eating		Meal Preparation		Light Housework		
Dressing		Shopping		Heavy Housework		
Bathing		Medication Management		Notes:		
Transferring In/Out of Chair		Money Management				
Walking		Using Telephone				
Toileting		Transportation				

*Continued on next page*

## ADL and IADL Functional Impairment Status, Continued

**Example 3** Displays all 5 functional ability rating scale options plus “Declined to State.” May require staff to provide additional descriptive information.

Client ADL and IADL (Activities of Daily Living and Instrumental Activities of Daily Living – Annual Assessment) Please check level of functional ability.						
<b>ADLs:</b>	1 – Independent	2 – Verbal Assistance	3 – Some Human Help	4 – Lots of Human Help	5 – Dependent	Declined to State
*Eating						
*Bathing						
*Toileting						
*Transferring In/Out of Bed/Chair						
*Walking						
*Dressing						
Notes:						
<b>IADLs:</b>	1 – Independent	2 – Verbal Assistance	3 – Some Human Help	4 – Lots of Human Help	5 – Dependent	Declined to State
*Meal Preparation						
*Shopping						
*Medication Management						
*Money Management						
*Using Telephone						
*Heavy Housework						
*Light Housework						
*Transportation						
Notes:						

**Example 4** Displays the minimum functional ability rating scale with 3 options plus “Decline to State.”

Activities of Daily Living (ADL):		Instrumental of Daily Living (IADL):	
Circle One For Each 1=No Assistance, 3=Some Human Help, 5=Cannot Perform (Dependent),		Circle One For Each 1=No Assistance, 3=Some Human Help, 5=Cannot Perform (Dependent)	
Eating	1 3 5	Meal Preparation	1 3 5
Bathing	1 3 5	Shopping	1 3 5
Toileting	1 3 5	Medication Management	1 3 5
Transferring In/Out of Bed/Chair	1 3 5	Money Management	1 3 5
Walking	1 3 5	Using Telephone	1 3 5
Dressing	1 3 5	Heavy Housework	1 3 5
Declined to State <input type="checkbox"/>		Light Housework	1 3 5
		Transportation	1 3 5
		Declined to State <input type="checkbox"/>	

*Continued on next page*

## ADL and IADL Functional Impairment Status, Continued

**Example 5** Displays ADL and IADL examples with descriptive functional ability rating scale options.

ADLs and IADLs (Activities of Daily Living and Instrumental Activities of Daily Living)	
Please rate your functional ability for the following activities.	
Client/Elderly Care Receiver Activities of Daily Living (ADL) Fields	
<p><b>Eating</b></p> <p>Rated Level</p> <p>_____</p>	<p>Reaching for, picking up, grasping utensil and cup; getting food on utensil, bringing food, utensil, cup to mouth, chewing, swallowing food and liquids, manipulating food on plate. Cleaning face and hands as necessary following a meal.</p> <p>(1) Independent (able to feed self)            (2) Verbal assistance (able to feed self but needs verbal assistance such as reminding or encouragement to eat)            (3) Some human help (assistance needed during meal, e.g., to apply assistive device, get beverage or push more food to within reach, etc., but constant presence of another person not required)            (4) Lots of human help (able to feed self but cannot hold utensils, cups, glasses, etc., constant presence of another person is required)            (5) Dependent (unable to feed self at all)</p>
<p><b>Bathing</b></p> <p>Rated Level</p> <p>_____</p>	<p>Bathing means cleaning the body using a tub, shower, or sponge bath including getting a basin of water, managing faucets, getting in and out of a tub, reaching head and body parts for soaping, rinsing, and drying.</p> <p>(1) Independent (able to bathe self safely)            (2) Verbal assistance (able to bathe self with direction or intermittent monitoring; may need reminding to maintain personal hygiene)            (3) Some human help (generally able to bathe self, but needs assistance)            (4) Lots of human help (requires direct assistance with most aspects of bathing; would be at risk if left alone)            (5) Dependent (totally dependent on others for bathing)</p>
<p><b>Toileting</b></p> <p>Rated Level</p> <p>_____</p>	<p>Able to move to and from, on and off toilet or commode, empty commode, manage clothing and wipe and clean body after toileting, use and empty bedpans, ostomy and/or catheter receptacles and urinals, apply diapers and disposable barrier pads. Menstrual care: able to apply external sanitary napkin and clean body.</p> <p>(1) Independent (no assistance needed)            (2) Verbal assistance (requires reminding and direction only)            (3) Some human help (requires minimal assistance with some activities, but the constant presence of the provider is not necessary)            (4) Lots of human help (unable to carry out most activities without assistance)            (5) Dependent (requires physical assistance in all areas of care)</p>

*Continued on next page*

## ADL and IADL Functional Impairment Status, Continued

### Example 5 (continued)

<p><b>Transferring In/Out of Bed/Chair</b></p> <p>Rated Level</p> <p>_____</p>	<p>Moving from one sitting or lying position to another sitting or lying position; e.g., from bed to or from a wheelchair, or sofa, coming to a standing position and/or repositioning to prevent skin breakdown.</p> <ol style="list-style-type: none"> <li>(1) Independent (able to do all transfers safely)</li> <li>(2) Verbal assistance (able to transfer but needs encouragement or direction)</li> <li>(3) Some human help (requires some help from another person; e.g., routinely requires a boost or assistance with positioning)</li> <li>(4) Lots of human help (unable to complete most transfers without physical assistance; would be at risk if unassisted)</li> <li>(5) Dependent (totally dependent upon another person for all transfers)</li> </ol>
<p><b>Walking</b></p> <p>Rated Level</p> <p>_____</p>	<p>Walking or moving inside, moving from one area of indoor space to another without necessity of handrails. Can respond adequately to the presence of obstacles that must be stepped around. Includes ability to go from inside to outside and back.</p> <ol style="list-style-type: none"> <li>(1) Independent (no assistance needed)</li> <li>(2) Verbal assistance (able to walk or move with encouragement, or reminders to watch for steps, or to use a cane or walker)</li> <li>(3) Some human help (requires minimal assistance from another person to negotiate a wheelchair or to steady the person or guide them in the desired direction)</li> <li>(4) Lots of human help (requires constant attention from another person, at risk of being lost or unsafe if not accompanied)</li> <li>(5) Dependent (totally dependent upon another person, must be carried, lifted, or pushed in a wheelchair or on a gurney at all times)</li> </ol>
<p><b>Dressing</b></p> <p>Rated Level</p> <p>_____</p>	<p>Putting on and taking off, fastening and unfastening garments and undergarments, special devices such as back braces, corsets, elastic stockings/garments and artificial limbs or splints.</p> <ol style="list-style-type: none"> <li>(1) Independent (able to put on, fasten and remove all clothing and devices without assistance; clothes self appropriately for health and safety)</li> <li>(2) Verbal assistance (able to dress self, but requires reminding or directions with clothing selection)</li> <li>(3) Some human help (unable to dress self completely, without the help of another person, e.g., tying shoes, buttoning, zipping, putting on hose or brace, etc.)</li> <li>(4) Lots of human help (unable to put on most clothing items by self; without assistance would be inappropriately or inadequately clothed)</li> <li>(5) Dependent (unable to dress self at all)</li> </ol>

*Continued on next page*

## ADL and IADL Functional Impairment Status, Continued

### Example 5 (continued)

Client/Elderly Care Receiver Instrumental Activities of Daily Living (IADL) Fields	
<b>Meal Preparation</b>  Rated Level _____	Planning menus. Washing, peeling, slicing vegetables, opening packages, cans, and bags, mixing ingredients, lifting pots and pans, re-heating food, cooking, safely operating stove, setting the table, serving the meal, cutting food into bite-sized pieces. Washing, drying, and putting away the dishes.  (1) Independent (no assistance needed) (2) Verbal assistance (needs only reminding or guidance in menu planning, meal preparation, and/or cleanup) (3) Some human help (requires another person to prepare and clean up main meals on less than a daily basis; e.g., can reheat food prepared by someone else, can prepare simple meals and/or needs help with cleanup on a less than daily basis) (4) Lots of human help (requires another person to prepare and clean up main meal(s) on a daily basis) (5) Dependent (totally dependent upon another person to prepare and clean up all meals)
<b>Shopping</b>  Rated Level _____	Compile list, bending, reaching, and lifting, managing cart, or basket, identifying items needed, transferring items to home, putting items away, ordering prescriptions over the phone and picking them up, and buying clothing.  (1) Independent (can perform all tasks without assistance) (2) Verbal assistance (able to perform tasks, but needs only reminding or direction, guidance or reminder) (3) Some human help (requires the help of another person for some tasks while shopping such as reaching and carrying items) (4) Lots of human help (unable to carry out most activities without assistance) (5) Dependent (unable to perform any tasks for self)
<b>Medication Management</b>  Rated Level _____	Physically and mentally able to identify, organize, schedule, handle, and consume (inject, instill or insert) the correct amount of the prescribed medication at the specified time according to a doctor's prescription.  (1) Independent (can identify, measure, organize, and self-administer prescribed medication) (2) Verbal assistance (able to perform tasks but needs verbal direction, guidance or reminder to do it, without risk to safety) (3) Some human help (requires some human help such as scheduling medications, opening the container, measuring the amount of medication) (4) Lots of human help (cannot perform some parts of this function; may require some human help with installing or injecting multiple medications) (5) Dependent (cannot perform any part of this function)

*Continued on next page*

## ADL and IADL Functional Impairment Status, Continued

### Example 5 (continued)

<p><b>Money Management</b></p> <p>Rated Level</p> <p>_____</p>	<p>Physically and mentally handles the receipt of monies, expenditures, and receipt and payment of bills in a timely and primarily correct manner.</p> <p>(1) Independent (handles all financial matters)  (2) Verbal assistance (is able to perform all financial transactions but may need to be reminded to pay bills or obtain cash from bank)  (3) Some human help (for either physical or mental reasons may need assistance in doing banking, writing checks, etc.)  (4) Lots of human help (unable to carry out most activities without assistance)  (5) Dependent (unable to attend to any part of the necessary financial transactions to receive and disburse funds to meet daily needs)</p>
<p><b>Using Telephone</b></p> <p>Rated Level</p> <p>_____</p>	<p>Obtains number, dials, handles receiver, can speak and hear response, and terminates call, may include use of instrument with loudspeaker or hearing devices. Able to use telephone during emergency situations to call 911 or other help.</p> <p>(1) Independent (can obtain and dial number without assistance)  (2) Verbal assistance (needs only reminder on how to use the phone)  (3) Some human help (needs human assistance to obtain number or dial)  (4) Lots of human help (currently not defined)  (5) Dependent (unable to use phone at all)</p>
<p><b>Heavy Housework</b></p> <p>Rated Level</p> <p>_____</p>	<p>Cleaning oven and stove, cleaning and defrosting refrigerator, moving light furniture to clean under and behind, vacuuming upholstery and under cushions, providing deep cleaning activities such as washing and cleaning baseboards, window tracks, cabinets, doors, drapes/blinds, etc.</p> <p>(1) Independent (able to perform all domestic chores)  (2) Verbal Assistance (able to perform domestic chores but needs direction)  (3) Some human help (requires physical assistance from another person for some domestic chores)  (4) Lots of human help (unable to carry out most domestic chores without assistance)  (5) Dependent (totally dependent upon others for all domestic chores)</p>
<p><b>Light Housework</b></p> <p>Rated Level</p> <p>_____</p>	<p>Sweeping, vacuuming, mopping floors, washing kitchen counters and sinks, cleaning bathroom, taking out garbage, dusting and picking up.</p> <p>(1) Independent (able to perform all light domestic chores)  (2) Verbal assistance (able to perform domestic chores but needs direction)  (3) Some human help (requires physical assistance from another person for some domestic chores)  (4) Lots of human help (unable to carry out most domestic chores without assistance)  (5) Dependent (totally dependent upon others for all domestic chores)</p>

*Continued on next page*

## ADL and IADL Functional Impairment Status, Continued

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### Example 5 (continued)

<b>Transportation</b>	Using private or public vehicles, cars, buses, trains, or other forms of transportation to get to medical appointments, purchase food, shop, pay bills, or arrange for services, to socialize and participate in entertainment or religious activities. Can arrange for getting and using public transportation; or get to, enter and operate a private vehicle.
Rated Level	<ol style="list-style-type: none"> <li>(1) Independent (can arrange, get to, enter and travel in public or private vehicles)</li> <li>(2) Verbal assistance (can use public transportation or ride in a private vehicle when reminded to make arrangements)</li> <li>(3) Some human help (requires physical assistance to make transportation arrangements; i.e., calling, writing instructions about time and place, can ride with others if assisted into and out of the vehicle)</li> <li>(4) Lots of human help (unable to carry out most activities without assistance)</li> <li>(5) Dependent (unable to travel at all by self)</li> </ol>
_____	
<input type="checkbox"/> Check if Declined to State ADL and IADL Functional Abilities	

### Resources

OAA defines “frail” as an older individual that is functionally impaired because the individual “is unable to perform at least two ADLs without substantial human assistance, including verbal reminding, physical cueing, or supervision; or due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another person.” (Section 102(a) (22)).

[http://www.aoa.gov/AoARoot/AoA\\_Programs/OAA/oa\\_full.asp](http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp)

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# Nutritional Risk Assessment

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## Introduction

Title III C Congregate and Home-Delivered Meal programs are required to perform a nutrition risk screening to identify individuals high nutrition risk or at risk for malnutrition. NAPIS reporting requirements define a person at high nutrition risk as one who scores six or higher on the Determine Your Nutritional Risk Checklist (hereafter referred to as the DETERMINE Checklist) published by the Nutrition Screening Initiative (NSI).

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## Service Categories Required

The table below lists the programs that require collecting the nutritional risk scores for registered clients.

Service Category
Home-Delivered Meals
Congregate Meals
Nutritional Counseling

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## What to Include



Title III C nutrition programs shall only use the DETERMINE Checklist to evaluate the client's nutrition risk score.

The nutrition risk questionnaire must be filled out at initial intake or registration along with other client information then reported through the data collection system. After initial intake/registration, annually update and report nutrition risk information and other basic client data.

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## How to Determine Score

Each question has a weighted point value. The sum total determines the reported nutritional risk score.

If score is...	Then client is...
0-2	not at risk
3-5	at moderate nutritional risk
6 or greater	at high nutritional risk

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## Nutritional Risk Assessment, Continued

### What is Reviewed



CDA will review data to determine if the AAA is serving individuals at high nutritional risk. CDA bases its target ranges on statewide analysis of the average number of participants at high nutritional risk. Target percentages may be adjusted on an annual basis.

Program	Target Percentage of all reported participants
Congregate Meals (C-1)	21% or higher at nutritional risk
Home-Delivered Meals (C-2)	65% or higher at nutritional risk

### DETERMINE Checklist

The following is the DETERMINE Checklist with weighted/scored values. The interviewer may need to provide additional clarification.

Determine Your Nutritional Health	Circle if yes
• I have an illness or condition that made me change the kind and/or amount of food I eat.	2
• I eat fewer than 2 meals per day.	3
• I eat few fruits or vegetables or milk products.	2
• I have 3 or more drinks of beer, liquor or wine almost every day.	2
• I have tooth or mouth problems that make it hard for me to eat.	2
• I don't always have enough money to buy the food I need.	4
• I eat alone most of the time.	1
• I take 3 or more different prescribed or over-the-counter drugs a day.	1
• Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
• I am not always physically able to shop, cook and/or feed myself.	2
<b>Total Score:</b> (If equal to or greater than 6, the client is at high nutritional risk)	
	<input type="checkbox"/> Declined to State

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## Optional Client Level Detail

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**Introductions** There may be other questions that can be added to your form to provide more helpful client information. Some common ones are listed below. These are not required CARS elements and must not be reported in CARS.

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**Assessment Type** Assessment type may be helpful.

Assessment Type		
<input type="checkbox"/> New Client	<input type="checkbox"/> Annual Reassessment	<input type="checkbox"/> Significant Change in Condition

---

**Office Notes** Identification of intake/assessment date and the staff person reviewing the information is useful.

Intake/Assessment Date:	Intake Staff:
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**Contact Information** In order to assign a unique identification number to each participant, your data management system may use any combination of name, address, phone number, or the last four digits of the participant's Social Security Number for record identification. This avoids duplicating information by recording client level detail for each participant and will enable tracking the client's services by provider and program.

First Name:	Middle Name:	Last Name:
Other name(s):		
Home Address:	City:	
Mailing if Different:		
Telephone Number:	Cell Number:	Email Address:

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**Social Security Number** The last four digits of the Social Security Number (SSN) may be useful in developing a unique participant identification number. If used, AAAs must ensure that this number is protected from inappropriate or unauthorized access or disclosure. This data element is optional. AAAs cannot deny OAA services to eligible clients if they do not wish to disclose their information.

Last 4 Digits Social Security #: (Optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Optional Client Level Detail, Continued

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### Living Arrangement

It is often helpful to know a client's living arrangement with others in the household. The following question could be used.

#### Living Arrangement

Lives:  Alone,  W/ Spouse,  W/ Child,  W/ Relative,  W/ Other(s),  
 Senior Apartment, Specify: \_\_\_\_\_

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### Source of Support

This section can help to identify various types of caregiving support.

#### Source of Support

Family  Friend/Neighbor  Paid Help  Unsure  None

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### LGBT

Each AAA shall ensure all older adults have equal access to programs and services, regardless of gender identity and sexual orientation. California law requires each AAA to include the needs of lesbian, gay, bisexual and transgender (LGBT) seniors in their needs assessment and area plans. See [Program Memo 08-07\(P\)](#)

To determine if you are reaching the LGBT population, consider adding the following questions. You may adapt your local data system to collect this information; however, CARS does not include transgender identification and sexual orientation as reportable data elements. To report gender in CARS select the [option](#) most closely reflecting the client's most current gender expression.

#### Sexual orientation

Bisexual  Gay  Heterosexual  Lesbian  Declined to State

#### Transgender

Yes  No  Declined to State

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### Transportation Services

The following questions can be asked to identify type of transportation assistance needed.

#### Transportation Service Needs

Walks with No Assistance (Non-Assisted)  
 Walks with Assistance (Assisted)  
 Wheelchair ramp/lift

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## Optional Client Level Detail, Continued

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### Eligibility for Title III B

To determine eligibility for Supportive Services (Title III B) the following question can be asked.

**Title III B Eligibility:**

Are you age 60 or over?

Yes

No

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### Eligibility for Title III C-1 & C-2

To determine eligibility for Congregate Meals (Title III C-1) and Home-Delivered Meals (Title III C-2) the following questions can be asked.

**Questions for the Congregate Meals (C-1) eligibility:**

- Are you over 60?
- Are you the spouse or domestic partner of an **Elderly Nutrition Program (ENP)** participant who is over the age of 60?
- Are you a person with a disability, who resides in housing where the congregate site is located?
- Are you a person with a disability who resides with and accompanies an ENP participant?
- Are you a volunteer under the age of 60? (May have a meal if it does not deprive a senior of a meal.)

**Questions for Home-Delivered Meals (C-2) eligibility:**

- Are you homebound due to an illness, disability, or isolation?
- Are you a spouse of a person who is homebound?
- Are you an individual with a disability who resides with a homebound meal recipient?

**Questions to determine equipment conditions and client abilities:**

- Does the client have any dietary restrictions?
  - Does the client have a working refrigerator?
  - Does the client have a working microwave?
  - Is client physically and mentally able to open the food containers?
  - Is client physically and mentally able to reheat a meal?
  - Are there pets inside or outside the home?
- 

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## Optional Client Level Detail, Continued

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### Eligibility for Title III E

To determine eligibility for Title III E, FCSP Caregivers Caring for Elderly or Grandparents Caring for a Child, the following questions may be asked.

#### Caregiver Caring for Elderly Eligibility Criteria

1. Is the Care Receiver an older individual (60 years of age or older) or an individual (of any age) with Alzheimer's disease or related disorder with neurological and organic brain dysfunction?

Yes       No

2. Is the Caregiver an adult (18 years of age or older) family member or another individual (e.g., friend or neighbor) who is an informal (i.e., unpaid) provider of in-home or community care to an "elderly" Care Receiver?

Yes       No

*If answered "yes" to both questions above, the individual is qualified for "Family Caregiver Caring for Elderly." If requesting "Respite Care" or "Supplemental Services," the Care Receiver must also have two or more ADL deficiencies or a cognitive impairment.*

#### Grandparent/Older Individuals Caring for Child Eligibility Criteria

1. Is the Care Receiver an individual who is not more than 18 years of age or who is an individual (of any age) with a disability?

Yes       No

2. Is the Caregiver a grandparent, step-grandparent, or other older relative of a child by blood, marriage, or adoption who is 55 years of age or older, living with the child, and identified as the primary caregiver through a legal or informal arrangement. Biological and adoptive parents are excluded.

Yes       No

*If answered "yes" to both questions above, the individual is qualified for "Grandparent/Older Caregiver Caring for Child."*

If the Care Receiver does not meet any of the criteria above, the Caregiver is ineligible to receive FCSP services, but may qualify to receive other services provided by the Area Agency on Aging.

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## Optional Client Level Detail, Continued

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### Resources to Determine Eligibility

This table identifies where you can obtain reference documents for the Title III E, Family Caregiver Support Program.

Agency	Document	Web location
CDA	California Department of Aging Statistical Fact Sheets and Program Narratives – Congregate Nutrition, Family Caregiver Support, Home-Delivered Nutrition, and Supportive Services - provide information on the purpose of the program, program eligibility requirements, and program history.	<a href="#"><u>CDA Statistical Fact Sheets and Program Narratives</u></a>
CDA	Service Categories Data Dictionary provides category definitions.	<a href="#"><u>Service Categories and Data Dictionary</u></a>

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## Required Title III B, C, D and VII B (Cluster III), Non-Registered Client Fields

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### Introduction

A number of OAA programs do not require collecting any client-level demographic information. These programs target groups or provide sensitive services that may make client-level data collection difficult.

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### What to Include

Report estimated total clients/audience by each service category for each quarter.



You will be required to report at least

- Legal Assistance
- Nutritional Education
- Information and Assistance
- Disease Prevention and Health Promotion
- Elder Abuse Prevention, and
- Other NAPIS Services

There are no required client fields in non-registered services. It is optional for AAAs to collect this information based on the guidelines described in the required client fields for Registered Services.

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### What is Reviewed

CDA reviews the estimated enrollments and service units on a quarterly and annual basis.



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## Required Title III B, C, D and VII B (Cluster III), Non-Registered Client Fields, Continued

**Chart Guidelines** Apply the following chart to determine if your form(s) or records have the required data collection and reporting elements for Title III B, C, D, and VII B Non-Registered services.

### CARS - Required Title III B, C, D, and VII Non-Registered Fields

Service Category	Service Units	Estimated Clients/ Audience	Funding Source
Transportation	X One-way Trip	X	III B
*Legal Assistance	X Hour	X	III B
*Nutritional Education	X Session per Participant	X	III C, D
*Information and Assistance	X Contact	X	III B
Outreach	X Contact	X	III B
*Health Promotion	X Contact	X	III C, D
<b>"OTHER" NAPIS SERVICES</b>			
Alzheimer's Day Care Services	X Day of Attendance	X	III B
Cash/Material Aid	X Assistance	X	III B
Community Education	X Activity	X	III B
Comprehensive Assessment	X Hour	X	III B
Disaster Preparedness Materials	X Product	X	III B
*Elder Abuse Prevention, Education and Training	X Session (Units should match <a href="#">CDA 1037</a> )	X	VII
*Elder Abuse Prevention Educational Materials	X Product (Units should match <a href="#">CDA 1037</a> )	X	VII
Employment	X Activity	X	III B
Health	X Hour	X	III B
Housing	X Hour	X	III B
Interpretation/ Translation	X Contact	X	III B
Mobility Management Activities	X Hour	X	III B
Mental Health	X Hour	X	III B
Peer Counseling	X Hour	X	III B
Personal Affairs Assistance	X Contact	X	III B
Personal/Home Security	X Product	X	III B
Public Information	X Activity	X	III B
Registry	X Hour	X	III B
Residential Repairs/Modifications	X Modification	X	III B
Respite Care	X Hour	X	III B
Senior Center Activities	X Hour	X	III B
Telephone Reassurance	X Contact	X	III B
Visiting	X Hour	X	III B

**(X) Required elements**

**(\*) Required service categories. Elder Abuse Prevention requires at least one reported service category.**

**\*\* Refer to CARS File Specifications for file reporting structure and optional data elements. Documents are at [California Aging Reporting System \(CARS\)](#)**

**\*\* Refer to [Service Categories and Data Dictionary \(June 2011\)](#) for category definitions.**

## Required Title III E, Non-Registered Client Fields

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**Chart Guidelines**

Apply the following chart to determine if your form(s) or records have the required data collection and reporting elements for Title III E Non-Registered services.

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**CARS - Title III E, FCSP Caring for Elderly or Caring for Child  
Required Non-Registered Fields**

Service Category	Service Units	Estimated Clients/Audience
<b>ACCESS ASSISTANCE</b>		
Outreach	X Contact	X
Information and Assistance	X Contact	X
Interpretation/Translation	X Contact	X
Legal Resources	X Contact	X
<b>INFORMATION SERVICES</b>		
Public Information	X Activity	X
Community Education	X Activity	X

**(X) Required elements**

**\*\* Refer to CARS File Specifications for file reporting structure and optional data elements. Documents are at [California Aging Reporting System \(CARS\)](#)**

**\*\* Refer to [Service Categories and Data Dictionary \(June 2011\)](#) for category definitions.**

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## Data Performance References

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### Data Performance References

The following lists applicable laws/regulations/policies.

- Area Plan Contract
  - CARS - CDA California Aging Reporting System Specification
    - [CARS Specifications \(1/28/11\)](#)
    - [CARS Annotated Specifications \(1/28/11\)](#)
  - CCR - California Code of Regulations, Title 22 Division 1.8  
<http://ccr.oal.ca.gov/linkedslice/default.asp?SP=CCR-1000&Action=Welcome>
  - CFR - Code of Federal Regulations, Title 45 Part 1321  
<http://www.ecfr.gov>
  - OAA - Older Americans Act as Amended in 2006 (Public Law 109-365) [http://www.aoa.gov/AoARoot/AoA\\_Programs/OAA/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/OAA/index.aspx)
  - OCA - Mello-Granlund Older Californians Act in the California Welfare and Institutions (W&I) Code Division 8.5  
<http://www.leginfo.ca.gov/>
  - NAPIS SPR - U.S. Administration on Aging National Aging Program Information System State Program Report  
[http://www.aoa.gov/AoARoot/Program\\_Results/OAA\\_Performance.aspx](http://www.aoa.gov/AoARoot/Program_Results/OAA_Performance.aspx)
  - PM - CDA Program Memos  
[Program Memos](#)
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# Sample Forms Overview

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## Introduction

Because each AAA has tailored programs to meet their community needs, CDA does not have a required intake or assessment template. CDA has designed these sample templates to help you evaluate and create your own forms for collecting and recording required performance data elements.

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## What is Reviewed



CDA reviews your forms to ensure all required data collection elements are integrated. See [Guidelines Chart](#)

You may use these forms as they are, revise them, or create your own to meet your local needs. **You do not have to use these [sample templates](#).**

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## Sample Forms Overview, Continued

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Provider Name: <b>SAMPLE 1, Title III</b>	*Unique Participant ID: _____
Region/Site Name:	Registration/Assessment Date: _____
	*Termination Date: _____ *Reason: _____
<b>Service Categories(Titles IIIB, IIIC and IIID):</b> <input type="checkbox"/> *Personal Care (IIIB) (A,I) <input type="checkbox"/> *Homemaker (IIIB) (A,I) <input type="checkbox"/> *Chore (IIIB) (A,I) <input type="checkbox"/> *Home-Delivered Meals (A,I,N) <input type="checkbox"/> *Adult Day Care/Health (IIIB) (A,I) <input type="checkbox"/> *Case Management (IIIB) (A,I) <input type="checkbox"/> *Assisted Transportation (IIIB) <input type="checkbox"/> *Congregate Meals (N) <input type="checkbox"/> *Nutrition Counseling (N) <input type="checkbox"/> Transportation (IIIB) <input type="checkbox"/> Nutrition Education <input type="checkbox"/> Other: _____	
<b>Notes:</b> Reference the Data Dictionary for allowable "Other" service categories; Requires: A-ADLs, I-IADLs, N-Nutritional Assessments on Page 2	

**SECTION 1 (Client)**  
 (\*) Required for All Registered Programs

<b>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"> <tr> <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:					
Emergency Contact:	Name: Relationship: Phone #: (    )				

*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"/> At or below FPL <input type="checkbox"/> 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	
<b>Title IIIB Eligibility:</b>	
Are you age 60 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes:	

SECTION 2 –ADL and IADL (Activities of Daily Living and Instrumental Activities of Daily Living – Annual Assessment)  
 \* **Required for (III-C):** Home-Delivered Meals; **(III-B):** Personal Care, Homemaker, Chore, Adult Day Care, Case Management

ADLs:	1 – Independent	2 – Verbal Assistance	3 – Some Human Help	4 – Lots of Human Help	5 – Dependent	Declined to State
*Eating						
*Bathing						
*Toileting						
*Transferring In/Out of Bed/Chair						
*Walking						
*Dressing						
Notes:						
IADLs:	1 – Independent	2 – Verbal Assistance	3 – Some Human Help	4 – Lots of Human Help	5 – Dependent	Declined to State
*Meal Preparation						
*Shopping						
*Medication Management						
*Money Management						
*Using Telephone						
*Heavy Housework						
*Light Housework						
*Transportation						
Notes:						

SECTION 3 – Nutritional Assessment (Annual)

\* **Required for (III-C):** Home-Delivered Meals, Congregate Meals; Nutritional Counseling

*Nutritional Assessment:	Circle if yes
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the past 6 months?	2
I am not always physically able to shop, cook, and/or feed myself.	2
<b>Total Score:</b> (If equal to or greater than 6, the client is at high nutritional risk)	
	<input type="checkbox"/> <b>Declined to State</b>

Provider Name: <b>SAMPLE 2, CLUSTER 1</b>	*Unique Participant ID: _____
Region/Site Name:	Registration/Assessment Date: _____
	*Termination Date: _____ *Reason: _____
Service Categories(Titles IIIB, IIIC and IIID):	
<input type="checkbox"/> Personal Care (A,I)	<input type="checkbox"/> Homemaker (A,I)
<input type="checkbox"/> Home-Delivered Meals (A,I,N)	<input type="checkbox"/> Adult Day Care/Health (A,I)
	<input type="checkbox"/> Chore (A,I)
	<input type="checkbox"/> Case Management (A,I)
<b>Notes:</b> Reference the Data Dictionary for allowable "Other" service categories; Requires: A-ADLs, I-IADLs, N-Nutritional Assessments on Page 2	

**SECTION 1 (Client)**  
 (\*) Required for All Registered Programs

<b>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:					
Emergency Contact:	Name: Relationship: Phone #: (    )				

*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"/> At or below FPL <input type="checkbox"/> 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	
<b>Title III B Eligibility:</b>	
Are you age 60 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes:	

SECTION 2 – Client ADL and IADL

(Activities of Daily Living and Instrumental Activities of Daily Living Annual Assessment)

\* **Required for (III-C):** Home-Delivered Meals; **(III-B):** Personal Care, Homemaker, Chore, Adult Day Care, Case Management

ADLs:	1 – Independent	2 – Verbal Assistance	3 – Some Human Help	4 – Lots of Human Help	5 – Dependent	Declined to State
*Eating						
*Bathing						
*Toileting						
*Transferring In/Out of Bed/Chair						
*Walking						
*Dressing						
Notes:						
IADLs:	1 – Independent	2 – Verbal Assistance	3 – Some Human Help	4 – Lots of Human Help	5 – Dependent	Declined to State
*Meal Preparation						
*Shopping						
*Medication Management						
*Money Management						
*Using Telephone						
*Heavy Housework						
*Light Housework						
*Transportation						
Notes:						

SECTION 3 – Nutritional Assessment (Annual)

Required for (IIIC): Home-Delivered Meals

*Nutritional Assessment:	Circle if yes
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the past 6 months?	2
I am not always physically able to shop, cook, and/or feed myself.	2
<b>Total Score:</b> (If equal to or greater than 6, the client is at high nutritional risk)	
	<input type="checkbox"/> <b>Declined to State</b>

Provider Name: <b>SAMPLE 3, CLUSTER 2</b>	*Unique Participant ID: _____
Region/Site Name:	Registration/Assessment Date: _____
*Termination Date: _____ *Reason: _____	
Service Categories(Titles IIIB, IIIC and IIID):	
<input type="checkbox"/> *Assisted Transportation <input type="checkbox"/> *Congregate Meals (N) <input type="checkbox"/> *Nutrition Counseling (N)	
Notes: Requires N-Nutritional Assessments on Page 2	

**SECTION 1 (Client)**  
(\*) Required for All Registered Programs

<b>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"> <tr> <td> </td> <td> </td> <td> </td> <td> </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:					
Emergency Contact:	Name: Relationship: Phone #: (    )				

*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"/> At or below FPL <input type="checkbox"/> 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	
<b>Title III B Eligibility:</b>	
Are you age 60 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Transportation Service Needs:</b>	
<input type="checkbox"/> Walks with no assistance (Non-Assisted) <input type="checkbox"/> Walks with assistance (Assisted) <input type="checkbox"/> Wheelchair ramp/lift	
Notes:	

**SECTION 2 – Nutritional Assessment (Annual)**  
*Required for (IIIC): Congregate Meals; IIIC, D Nutritional Counseling*

<b>*Nutritional Assessment:</b>	<b>Circle if yes</b>
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the past 6 months?	2
I am not always physically able to shop, cook, and/or feed myself.	2
<b>Total Score:</b> (If equal to or greater than 6, the client is at high nutritional risk)	
	<input type="checkbox"/> <b>Declined to State</b>

Notes:

<b>Name of Home-Delivered Meals Provider</b> <b>(SAMPLE 4, C-2)</b> This form is designed to be completed by an intake staff. Items marked with asterisk (*) are required.		Route: _____	Intake Date: _____ Active Date: _____     Inactive Date: _____ Active Date: _____     Inactive Date: _____ Active Date: _____     Inactive Date: _____		
*Unique Participant ID: _____		*Termination Date: _____		*Reason: _____	
*Date of Birth: _____ / _____ / _____	Last 4 Digits Social Security # _____ <i>Optional</i>	<input type="checkbox"/> New client <input type="checkbox"/> Annual reassessment <input type="checkbox"/> Change in information			
First Name: _____		Last Name: _____			
Home Address: _____			City: _____		*Zip Code: _____
Home Phone: (    ) _____		Emergency Contact Name: _____			
Alternate Phone: (    ) _____		Address: _____		Relationship: _____	
*Living Arrangement # of household members <input type="checkbox"/> Declined to State		*What is your approximate household income? \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/> Declined to State			*Rural Area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
*Gender: (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Declined to State <input type="checkbox"/> Female		*Ethnicity (Check One) Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to State		Language: <input type="checkbox"/> English speaking <input type="checkbox"/> Need interpreter <input type="checkbox"/> Non-English/Language: _____	
*Race: (Check One) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <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 <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Multiple Race <input type="checkbox"/> Other Race <input type="checkbox"/> Declined to State					

*ADLs and IADLs (Activities of Daily Living and Instrumental Activities of Daily Living)						
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				

<b>Eligibility:</b> <input type="checkbox"/> Are you homebound due to an illness, disability, or isolation? <input type="checkbox"/> Are you a spouse of a person who is homebound? <input type="checkbox"/> Are you an individual with a disability who resides with a homebound meal recipient?	<b>Prioritization:</b> _____
--	------------------------------

<b>*Nutritional Assessment:</b>	<b>Circle if yes</b>
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the past 6 months?	2
I am not always physically able to shop, cook, and/or feed myself.	2
<b>Total Score:</b>	
(If equal to or greater than 6, the client is at high nutritional risk)	
<input type="checkbox"/> <b>Declined to State</b>	

	Yes	No	Comments
Do you have any dietary restrictions?			
Do you have a working refrigerator?			
Do you have a working microwave?			
Are you physically and mentally able to open the food containers?			
Are you physically and mentally able to reheat a meal?			
Are there pets?			
Have you recently been discharged from the hospital?			

Referral(s) Made: <input type="checkbox"/> Nutritional education/counseling for at risk client <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Notes:

\_\_\_\_\_  
Staff Completing Assessment

\_\_\_\_\_  
Date

<p><b>Name of Congregate Meals Provider</b>  <b>{Site Name} (SAMPLE 5, C-1)</b></p> <p>Please complete this form to the best of your ability.                  Items Marked with asterisk (*) are required.</p>		<p>*Unique Participant ID: _____</p> <p>Referred by: _____</p> <p>Intake Date: _____</p> <p>Staff: _____</p> <p>Beginning Date: _____</p> <p>*Termination Date: _____</p> <p>*Reason: _____</p>	<p>Eligibility:</p> <p><input type="checkbox"/> Age 60+</p> <p><input type="checkbox"/> Spouse of ENP Participant</p> <p><input type="checkbox"/> Disabled person residing where the congregate site is located</p> <p><input type="checkbox"/> Disabled person who resides with and accompanies an ENP participant</p> <p><input type="checkbox"/> Volunteer</p>				
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>						
First Name: _____	Last Name _____	*Date of Birth: _____ / ____ / ____					
Home Address: _____		City: _____	*Zip Code: _____				
Mailing Address: Same As Residential? <input type="checkbox"/> Yes		City: _____	Zip Code: _____				
Home Phone: ( ) _____ Alternate Phone: ( ) _____		Emergency Contact Name: _____ Phone: ( ) _____ Relationship: _____					
*Living Arrangement # of household members <input type="checkbox"/> Declined to State	*What is your approximate household income? \$_____ per <input type="checkbox"/> month <input type="checkbox"/> year <input type="checkbox"/> Declined to State		*Rural Area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State				
*Gender: (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Declined to State <input type="checkbox"/> Female	*Ethnicity (Check One) Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State	Language: <input type="checkbox"/> English speaking <input type="checkbox"/> Need interpreter <input type="checkbox"/> Non-English/Language: _____					
*Race: (Check One) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <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 <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Multiple Race <input type="checkbox"/> Other Race <input type="checkbox"/> Declined to State							

*Nutritional Assessment:	Circle if yes
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the past 6 months?	2
I am not always physically able to shop, cook, and/or feed myself.	2
<b>Total Score:</b>	
(If equal to or greater than 6, the client is at high nutritional risk)	
	<input type="checkbox"/> <b>Declined to State</b>

I understand that the information I am providing on this form is for registration purposes. I understand it will be kept confidential and that the Area Agency on Aging and service providers may use it to help identify other services for which may benefit.

\_\_\_\_\_  
 Signature of participant or person completing the form

\_\_\_\_\_  
 Date



**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> </tr> </table>				
Home Phone #:	(    )				
<b>Residential Address:</b>					
Street:					
City:					
<b>*Zip Code:</b>					
<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 (FCSP Care Receiver)**  
 (\*) Required for Family Caregiver Support Program Services

<b>Care Receiver 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> </tr> </table>				
Home Phone #:	(    )				
<b>Residential Address:</b>					
Street:					
City:					
<b>*Zip Code:</b>					
<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"/> Yes (At or below FPL) <input type="checkbox"/> No (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 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

**SECTION 5 (FCSP Care Receiver)**  
**ADL and IADL (Activities of Daily Living and Instrumental Activities of Daily Living)**

*\*Required for the Care Receiver only in Support Services, Respite Care, and Supplemental Services.*

*(Not required for Care Receivers in FCSP Grandparents/Older Caregiver Caring for Children)*

ADLs:	1 – Independent	2 – Verbal Assistance	3 – Some Human Help	4 – Lots of Human Help	5 – Dependent	Declined to State
*Eating						
*Bathing						
*Toileting						
*Transferring In/Out of Bed/Chair						
*Walking						
*Dressing						
Notes:						
IADLs:	1 – Independent	2 – Verbal Assistance	3 – Some Human Help	4 – Lots of Human Help	5 – Dependent	Declined to State
*Meal Preparation						
*Shopping						
*Medication Management						
*Money Management						
*Using Telephone						
*Heavy Housework						
*Light Housework						
*Transportation						
Notes:						

**SECTION 1 – Service Information**

Provider Name: <b>(SAMPLE 7, Title III E, Caring for Elderly)</b>	Registration/Assessment Date:
Region/Site Name:	*Termination Date:                      *Reason:

Title III E, Family Caregiver Support Program Services To Be Provided	
<b>Support Services:</b> <input type="checkbox"/> Caregiver Assessment <input type="checkbox"/> Caregiver Support <input type="checkbox"/> Caregiver Counseling <input type="checkbox"/> Caregiver Training <input type="checkbox"/> Caregiver Peer Counseling <input type="checkbox"/> Case Management	<b>Respite Care Services:</b> <i>(Care Receiver has to have 2 or more ADL limitations, a cognitive impairment, or be a grandparent/elder caregiver to qualify)</i> <input type="checkbox"/> In-Home Supervision <input type="checkbox"/> Homemaker Assistance <input type="checkbox"/> In-Home Personal Care <input type="checkbox"/> Home Chore <input type="checkbox"/> Out of Home Day <input type="checkbox"/> Out of Home Overnight
<b>Supplemental Services:</b> <i>(Care Receiver has to have 2 or more ADL limitations, a cognitive impairment, or be a grandparent/older caregiver to qualify)</i> <input type="checkbox"/> Assistive Devices <input type="checkbox"/> Home Adaptations for Caregiving <input type="checkbox"/> Caregiving Services Registry <input type="checkbox"/> Cash/Material Aid	
<b>Access Assistance:</b> <input type="checkbox"/> Information & Assistance <input type="checkbox"/> Caregiver Outreach <input type="checkbox"/> Interpretation/Translation <input type="checkbox"/> Caregiver Legal Resources	<b>Information Services:</b> <input type="checkbox"/> Public Information on Caregiving <input type="checkbox"/> Community Education on Caregiving

**SECTION 2 – Eligibility Criteria**

<b>Caregiver Caring for Elderly Eligibility Criteria</b> 1. Is the Care Receiver an older individual (60 years of age or older) <u>or</u> an individual (of any age) with Alzheimer’s disease or related disorder with neurological and organic brain dysfunction? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is the Caregiver an adult (18 years of age or older) family member or another individual (e.g., friend or neighbor) who is an informal (i.e., unpaid) provider of in-home or community care to an “elderly” Care Receiver? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the Care Receiver does not meet any of the criteria above, the Caregiver is ineligible to receive FCSP Caregiver Caring for Elderly services, but may qualify to receive other services provided by the Area Agency on Aging.

<b>Notes:</b>
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**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> </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:					
<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="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:					

<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"/> Yes (At or below FPL) <input type="checkbox"/> No (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 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

**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				



**SECTION 3 (Grandparent/Older 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="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:					

<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"/> Grandparent <input type="checkbox"/> Other Relative <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 (Child)**  
 (\*) Required for Family Caregiver Support Program Services

<b>Care Receiver 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> </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"/> Yes (At or below FPL) <input type="checkbox"/> No (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 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

Date: \_\_\_\_\_

Staff Completing Intake: \_\_\_\_\_

<b>Personal Data (Please Print):</b>					
Unique Participant ID	<b>(SAMPLE 9, I&amp;A)</b>				
Name:					
Birth Date:					
Last 4 Digits Social Security # <i>Optional</i>	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>				
Home Phone #:	(     )				
Email:					
Address:					
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State				
Ethnicity:	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State				
Race:	<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				
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>Service Requested:</b>
<b>Action Taken/Referral:</b>
<b>Follow Up:</b>
<b>Type of I &amp; A:</b>
<input type="checkbox"/> IIIB If Requesting Services for an Older Individual) <input type="checkbox"/> IIIE Elderly (If Requesting Services for a Caregiver) <input type="checkbox"/> IIIE Children (If Requesting Services for a Grandparent/Older Caregiver)