



National Family Caregiver Support Program, Sauk County
 Aging and Disability Resource Center of Sauk County
 505 Broadway, Room #234, Baraboo, WI 53913
 (608)355-3289 | Fax: 355-4375
Marina Wittmann, Aging Programs Supervisor

National Family Caregiver Support Program Application

Your (Caregiver) Information

Name _____ Date of Birth _____

Address _____ City/Zip _____

Mailing Address (if different) _____

Phone Number _____ Email _____

Gender: Male Female Transgender-Male Transgender-Female Transgender-Unspecified
 Gender-Non-Conforming Gender Fluid/Not Exclusively Male or Female Self-Describe:

Do You Live Alone? ___ Yes ___ No

Race: _____ White _____ Black/African American
 _____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander
 _____ Asian _____ Other _____

Are you Hispanic or Latino? ___ Yes ___ No

Income Information (income does not determine eligibility, it is used only for data reporting)

If the caregiver is single, widowed, divorced, or separated, is their annual income below \$15,650 (or monthly income below \$1,304.17)? _____ Yes _____ No

If the caregiver is married, is their combined annual income below \$21,150 (or monthly income below \$1,762.50)? _____ Yes _____ No

What is your relationship to the care recipient?

_____ Husband _____ Wife _____ Other relative
 _____ Daughter or Daughter-in-law _____ Son or Son-in-law _____ Non-relative
 _____ Brother _____ Sister

Does the Care Recipient have a diagnosis of Alzheimer's or Dementia? ___ Yes ___ No

If the Care Recipient is age 18-59, do they have early onset dementia? ___ Yes ___ No ___ N/A

Are you a grandparent or relative caregiver caring for a child under age 18? ___ Yes ___ No

(If you are a grandparent/relative caregiver, please complete the Care Recipient/Loved One's Information but do not complete the assessment of ADL/IADL's on the next page)

Care Recipient/Loved One's Information

Name _____ Date of Birth _____

Address (if different from Caregiver) _____ City/Zip _____

Phone Number _____ Lives Alone? ___ Yes ___ No

Gender: Male Female Transgender-Male Transgender-Female Transgender-Unspecified
 Gender-Non-Conforming Gender Fluid/Not Exclusively Male or Female Self-Describe:

Race: _____ White _____ Black/African American
 _____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander
 _____ Asian _____ Other _____

Are you Hispanic or Latino? ___ Yes ___ No

Is the Care Recipient enrolled in a Long Term Care program (i.e. Inlusa, My Choice, IRIS)? ___ Yes ___ No

Income Information (income does not determine eligibility, it is used only for data reporting)

-If the recipient is single, widowed, divorced, or separated, is their annual income below \$15,650 (or monthly income below \$1,304.17)? _____ Yes _____ No

-If the recipient is married, is their combined annual income below \$21,150 (or monthly income below \$1,762.50)? _____ Yes _____ No

Care Recipient Assessment of ADL's & IADL's

Check **Yes** for each ADL/IADL that the care recipient need substantial assistance to complete (including verbal reminding, physical cuing or supervision). Check **No** for each ADL/IADL they can complete without help.

Assessment of Activities of Daily Living (ADL's)	No Help Needed	Yes, Needs Help
Bathing: Gets in and out of the bath/shower, uses faucets, washes and dries oneself safely.		
Dressing: Dresses and undresses safely		
Toileting: Uses toilet and cleans oneself		
Transferring: Moves in and out of a bed or chair		
Feeding: Gets food or drink from plate, bowl or cup into mouth and uses utensils		
Continence: Exercises complete self-control		

Assessment of Instrumental Activities of Daily Living (IADL's)	No Help Needed	Yes, Needs Help
Meal Preparation: Plans, prepares, and serves adequate meals independently		
Shopping: Takes care of all shopping needs independently		
Responsibility for Own Medications: Takes medication in correct dosages at correct time		
Ability to Manage Finances: Handles financial matters and/or day-to-day purchases		
Housekeeping: Participates in housekeeping tasks		
Laundry: Launders some items independently		
Mode of Transportation: Travels unassisted via personal vehicle, public transportation		
Ability to Use a Telephone: Dials and/or answers the telephone		

