**For Office Use Only Total Score**

**NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM**

**INTAKE ASSESSMENT FORM**

|  |  |
| --- | --- |
| **SECTION A: AGENCY/ORGANIZATION INFORMATION** | |
| **Date of Request or Referral:**  Month/Day/Year  **Assessor Name:** | **Method of Contact:** Telephone Face-to-Face  Other    **Agency Name:** |
| **SECTION B: INITIAL SCREENING AND INTAKE** | |
| **PERSON PROVIDING ANSWERS AND INFORMATION FOR ASSESSMENT:**  Caregiver Friend/Neighbor Legal Guardian or Surrogate Decision Maker  Family Member Other Professional (e.g. Care Manager) | |
| **PRIMARY LANGUAGE:**  English  Spanish  French Other | |
| **QUALIFYING INDIVIDUAL** (Person receiving care):  **Name:**  **Address:** **Apt #:**  **City:** **State:**  **Zip Code:**  **Parish:** **Phone:** (cell / home)  **Social Security Number:** **Date of Birth:**  **Caregiver by relationship:** Husband Wife Son/Son-in-Law Daughter/Daughter-in-Law  Other Relative Non-Relative | |
| **SECTION C: CAREGIVER INFORMATION** | |
| **Social Security Number:**  **-  -**  **Louisiana Identification Number:**  **Last Name:** **First Name:** **MI:**  **Address:** **Apt #:**  **City:** **State:**  **Zip Code:**  **Parish:** **Home Phone:** **Cell Phone:**  **Date of Birth:** **Rural/Isolated:** Yes No  **Gender (at-birth):** Male Female  **Gender Identity :** Other: \_\_\_Male \_\_\_Female \_\_\_Transgender-Male \_\_\_ Transgender-Female \_\_\_Non-Disclosed \_\_\_Non-Binary  **Race:** White (Alone) **Marital Status:** Never Married  Black or African American (Alone) Married  American Indian/Alaskan Native (Alone) Partner/Significant Other  Native Hawaiian/Other Pacific Islander Widowed  Asian (Alone) Separated  Declined to Respond Divorced  Other  **Ethnicity:** Hispanic/Latino Not Hispanic/Latino | |
|  | |

**For Office Use Only Total Score**

**NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM**

**INTAKE ASSESSMENT FORM**

**Name of Client (Caregiver):** **ID #:**

|  |
| --- |
| **SECTION D: PRIORITY STATUS (Check all that apply)** |
| Client is an older individual in greatest economic need  Client is an older individual in greatest social need  Client is an older individual providing care and support to person who has a developmental disability |
| **Eligibility for Respite Care, Personal Care, Material Aid and Sitter Service**  (Check all that apply – at least one must apply to be Eligible): |
| The Qualifying Individual is unable to perform at least two of the following activities without substantial  human assistance, including verbal reminding, physical cueing, or supervision:  Dressing Toileting Transferring Walking Eating  The Qualifying Individual **has a cognitive or other mental impairment** and requires substantial supervision  because the individual behaves in a manor that poses a serious health or safety hazard to the individual or to another individual.  The Qualifying Individual is/will be on “Hospice”. |
| **Describe the type of assistance needed (continue on supplemental sheet/s):** |
|  |
| **Directions to the Home of Qualifying Individual (continue on supplemental sheet/s):** |
|  |
| **I have received a copy of the Grievance Procedure and Contributions Policy.**  **Signature of Caregiver:**  **Date:**  **Signature of Intake Worker:** **Date:** |

**NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM**

**INTAKE ASSESSMENT FORM**

**Name of Client (Caregiver):** **ID #:**

|  |  |
| --- | --- |
| 1. The Caregiver’s income level is at or below the Federal Poverty line. **No = 0 Yes = 1** |  |
| 1. The Caregiver has “greatest social need”.  **No = 0 Yes = 1** |  |
| 1. The Caregiver is 60 years of age or older and providing care and support to person that has a developmental disability. **No = 0 Yes = 1** |  |
| 1. Age of Caregiver: **Under 60 = 0 60-74 years of age = 1 75 years of age or older = 2** |  |
| 1. How does the Caregiver rate his/her overall health? **Good = 0 Fair = 1 Poor = 2** |  |
| 1. For how many qualifying individuals is this Caregiver the primary Caregiver? (1 point for each qualifying individual) |  |
| 1. How many hours of direct care on average each day does the Caregiver provide to the qualifying individual? **8 hours or less = 0 9-16 hours = 1 17-24 hours = 2** |  |
| 1. Is the Caregiver employed? **No = 0 Part-time = 1 Full-time (35 or more hours a week) = 2** |  |
| 1. With how many of the following activities of daily living does the Caregiver provide assistance to the qualifying individual? (1 point for each – check all that apply)   **Bathing  Dressing  Toileting  Transferring  Walking  Eating** |  |
| 1. Does the Qualifying Individual receive assistance with any of the activities in Question 9 from any other source? **No = 1 Yes = 0** |  |
| 1. **\*Caregiver Stress Level:** **Little/No Stress = 0 Mild/Moderate = 1 Moderate/Severe = 2 Severe = 3** |  |
| **TOTAL SCORE** |  |
| ***\*Use the “Caregiver Stress Interview” score to compute number 11***  **Put the TOTAL SCORE on the top right corner of the NFCSP Assessment** | |

**Name of Client (Caregiver):** **ID #:**

**CAREGIVER STRESS INTERVIEW**

***Read to Caregiver:*** The following is a list of statements which reflect how people sometimes feel when taking care of another person. After each statement, indicate how often you feel that way: Never, Rarely, Sometimes, Quite Frequently, or Nearly Always. There are no right or wrong answers.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **QUESTION** | **Never**  **0** | **Rarely**  **1** | **Some-**  **times**  **2** | **Fre-**  **quently**  **3** | **Nearly Always**  **4** | **SCORE** |
| 1. Do you feel that your relative asks for more help than he/she needs? |  |  |  |  |  |  |
| 1. Do you feel that because of the time you spend with your relative you don’t have enough time for yourself? |  |  |  |  |  |  |
| 1. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your Family and Work? |  |  |  |  |  |  |
| 1. Do you feel embarrassed over your relative’s behavior? |  |  |  |  |  |  |
| 1. Do you feel angry when you are around your relative? |  |  |  |  |  |  |
| 1. Do you feel that your relative currently affects your relationship with other family members or friends in a negative way? |  |  |  |  |  |  |
| 1. Are you afraid of what the future holds for your relative? |  |  |  |  |  |  |
| 1. Do you feel that your relative is dependent upon you? |  |  |  |  |  |  |
| 1. Do you feel strained when you are around your relative? |  |  |  |  |  |  |
| 1. Do you feel your health has suffered because of your involvement with your relative? |  |  |  |  |  |  |
| 1. Do you feel that you don’t have as much privacy as you would like because of your relative? |  |  |  |  |  |  |
| 1. Do you feel that your social life has suffered because you are caring for your relative? |  |  |  |  |  |  |
| 1. Do you feel uncomfortable about having friends visit you because you are caring for your relative? |  |  |  |  |  |  |
| 1. Do you feel that your relative seems to expect you to take care of him/her as if you were the only one he/she could depend on? |  |  |  |  |  |  |
| 1. Do you feel that you don’t have enough money to care for your relative in addition to the rest of your expenses? |  |  |  |  |  |  |
| 1. Do you feel that you will be unable to take care of your relative much longer? |  |  |  |  |  |  |
| 1. Do you feel you have lost control of your life since your relative’s illness? |  |  |  |  |  |  |
| 1. Do you wish you could just leave the care of your relative to someone else? |  |  |  |  |  |  |
| 1. Do you feel uncertain about what to do about your relative? |  |  |  |  |  |  |
| 1. Do you feel you should be doing more for your relative? |  |  |  |  |  |  |
| 1. Do you feel you could do a better job in caring for your relative? |  |  |  |  |  |  |
| 1. Overall, do you feel burdened caring for your relative? |  |  |  |  |  |  |
| **\*CAREGIVERS STRESS LEVEL TOTAL** | | | | | |  |

\****The Caregiver STRESS LEVEL is calculated by Questions 1-22 and will be used for Page 1 of the Caregiver Support Program Score Sheet*** Score Is Stress Level Score Is Stress Level

0 – 20 Little/No Stress 41 – 60 Moderate/Severe Stress

21 – 40 Mild/Moderate Stress 61 – 88 Severe Stress