



AREA AGENCY ON AGING OF \_\_\_\_\_

CAREGIVER INTAKE

Consumer's Primary Language: \_\_\_\_\_

Date: \_\_\_\_\_ Consumer ID Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Gender: Male  Female  Birth Date: \_\_\_\_\_

Ethnicity (Check One):

Race (Check all that apply):

Marital Status (Check One):

- (1) Hispanic or Latino (2) Not Hispanic or Latino (3) Ethnicity Not Reported (1) White - Non Hispanic (2) White - Hispanic (3) American Indian/Alaska Native (4) Asian (5) Black or African American (6) Native Hawaiian or Pacific Islander (7) Persons Reporting Some Other Race (8) Race Not Reported (1) Married (2) Widowed (3) Divorced (4) Separated (5) Never Married (6) Not Reported

Relationship to Care Recipient(s) (Care Recipient must be 60 years of age or older):

- Husband Wife Son/Son-in-Law Daughter/Daughter-in-Law Other Relative Non-Relative Relationship Missing

**Relationship to Care Recipient(s) if 18 Years of Age or Less (Caregiver must be 55+ years of age and fall under OAA, Section 372 as defined):**

Grandparents       Other Elderly Relative       Other Elderly Non-Relative

▪ Does the Caregiver live with the Care recipient?       Yes       No

▪ If no, how often does the Caregiver have contact with the Care Recipient? \_\_\_\_\_

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**CARE RECIPIENT PROFILE**

Language spoken at home: \_\_\_\_\_ Does the Care Recipient require an interpreter?       Yes       No

If yes, who helps in the interpretation? \_\_\_\_\_

▪ If care recipient is 60 years of age or older complete the following:

Date: \_\_\_\_\_      **Consumer ID Number:** \_\_\_\_\_

Last Name: \_\_\_\_\_      MI: \_\_\_\_\_      First Name:: \_\_\_\_\_

Street Address/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip Code: \_\_\_\_\_      County: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_      Gender: Male  Female       **Birth Date:** \_\_\_\_\_

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**Ethnicity (Check One):**

**Race (Check all that apply):**

**Marital Status (Check One):**

(1) Hispanic or Latino            (1) White Non Hispanic,            (1) Married     

(2) Not Hispanic or Latino            (2) White – Hispanic            (2) Widowed     

(3) Ethnicity Not Reported            (3) American Indian/Alaska Native            (3) Divorced     

(4) Asian            (4) Separated     

(5) Black or African American            (5) Never Married     

(6) Native Hawaiian/Other Pacific Islander            (6) Not Reported     

(7) Persons Reporting Some Other Race     

(8) Race Not Reported     

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Monthly Household Income:      \$ \_\_\_\_\_      **In Poverty**

{Low Income Levels for: Single person family unit – \$ 11,670; Two person family unit – \$15,730; Add \$4,060 for each additional person}

**If caregiver is a 55+ grandparent or relative of a child 18 years of age or younger who:**

- **lives with the child,**
- **is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child, and**
- **has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally;**

**Complete the following:**

Number of Children 18 years of age or younger for whom the individual is providing care: \_\_\_\_\_

List identification number(s), name(s), birth date(s), gender(s) and relationship(s) of children 18 years of age or younger:

<b>Consumer ID Number</b>	<b>Name</b>	<b>Birth Date</b>	<b>Gender</b>	<b>Relationship</b>
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			

Comments:

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\_\_\_\_\_  
**Signature of AAA/Provider Staff Completing Intake**

\_\_\_\_\_  
**Date**