

Caregiver Respite Assessment – Caregiver

Welcome! Please tell us a bit about yourself so we can offer services that best meet your needs. We ask for demographic information to meet requirements from our funders. All your personal information is confidential. Please see the attached FAQs for more information and guidance on filling out this form.

Caregiver Contact & Demographic Information:

First Name: _____ **Middle Name** _____

Last Name: _____ **Nickname:** _____

Date of Birth: _____ **Age:** _____

Home Address Line 1: _____

Line 2 (Apt/Unit/Floor #): _____ City: _____

Zip: _____ County: _____ State: _____

Mailing Address Line 1: _____

Line 2 (Apt/Unit/Floor #): _____ City: _____

Zip: _____ County: _____ State: _____

Location Comments (additional directions for home or mailing address):

Home Phone: _____ **Cell Phone:** _____

Email: _____

Gender: Male Female Non-Binary/Third Gender

Identify as: Transgender Cisgender (identify with your gender from birth)

Gender not listed: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race, select all that apply:

American Indian or Alaska Native Middle Eastern or North African

Asian or Asian American Native Hawaiian or Pacific Islander

Black or African American White

Race not listed: _____

Do you live: Alone With Others

Number of people in your household (including you): _____

Is your income above or below the amount listed for your household size:

Above At/Below

Household Size	Monthly Income	Annual Income
1	\$1,215.00	\$14,580.00
2	\$1,643.00	\$19,720.00
3	\$2,072.00	\$24,860.00
For each additional person, add \$5,140 to annual income		

Communication & Service Needs:

Would you like to hear about other services? Yes No

If yes, how can we contact you? Email Mail Phone

Caregiver/Care Recipient Relationship Information:

Please provide information for each individual care recipient you care for. If the care recipient is an adult (18+), please also complete an In-Home Assessment Form.

Care Recipient Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____

Lives with caregiver? Yes No (if no, please provide their home address)

Home Address Line 1: _____

Line 2 (Apt/Unit/Floor #): _____ City: _____

Zip: _____ County: _____ State: _____

Caregiver's Relationship to Care Recipient:

Husband Wife Domestic Partner

Son/Son-in-Law Daughter/Daughter-in-law Sister

Brother Grandparent Parent

Other Relative: _____

Non-Relative: _____

Caregiver Services Eligibility:

Family Caregiver of an Older Adult	Care Recipient
<input type="checkbox"/> 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 the Care Recipient	<input type="checkbox"/> An older individual (60 years of age or older) or <input type="checkbox"/> An individual (age < 60) with Alzheimer's disease or related disorder with neurological and organic brain dysfunction

Older Relative Caregiver/Grandparent of a Child	Care Recipient
<input type="checkbox"/> A grandparent, step-grandparent, or other older relative of the child by blood, marriage, or adoption who is at least 55 years old living with the child, and identified as the primary caregiver through a legal or informal arrangement	<input type="checkbox"/> A child (less than 18 years old) or <input type="checkbox"/> An individual (18 to 59 years old) with a disability

Caregiver Assessment - Additional Questions:

Which types of caregiver services are you interested in? Select all that apply:

- Information about services
 - Counseling
 - Education/Training
 - Support Groups
 - Meals (delivered to your home or dining at a community site)
 - Transportation
 - Supplies to assist with caregiving duties (e.g. food, assistive devices)
 - Respite Care (in-home or out-of-home supports/arrangements to provide caregivers temporary break from caregiving duties)
 - Adult day care programs for care recipients
 - Resources for grandparents raising grandchildren
 - Other (please explain): _____
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What type(s) of assistance do you provide to the care recipient? Select all that apply:

- Hygiene (bathing, grooming, etc.)
 - Dressing
 - Eating/Feeding
 - Meal Preparation
 - Using the bathroom/incontinence
 - Getting around the home
 - Getting in/out of beds and chairs
 - Other (please explain): _____
 - Transportation
 - Errands/Shopping
 - Maintenance of Home/Yard
 - Housekeeping and Laundry
 - Managing Finances/Paying Bills
 - Administering Medication
 - Medical Treatment/Managing Condition(s)
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Are you getting help from anyone with your caregiver duties?

- Yes - professional/paid (formal) help
- Yes - informal help
- Yes - both formal and informal help
- No

If yes, please explain: _____

What caregiving issues are you struggling with/what supports do you need?

- Counseling
- Day care
- Education/Training
- Information about services
- In-home sitter
- Overnight respite
- Personal care
- Supplemental services
- Support Groups

Other

What is your employment status?

Retired Employed full-time Employed part-time Unemployed On Leave
 Other (please explain): _____

Disclosures and Waivers

I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service provider and I herewith give my consent to do so.

Signature: _____ **Date:** _____

For Office Use Only –

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

Filled Out By: _____ **Date:** _____

Vintage Consumer Directed Voucher Program Waiver & Release Form

I, _____, verify that I have received the following information for the Consumer Directed Voucher Program.

I understand...

- I am responsible for selecting my provider(s) for services. Neither Vintage nor the Northwest Colorado Council of Governments is the employer of record for these services.
- Vintage is not responsible for conducting a criminal background check on the service provider(s).
- I am responsible for identifying the services to be performed by my service provider(s).
- Reimbursement will be made directly to my chosen service provider(s).
- In order to verify the service was received, my provider(s) or I will need to supply Vintage with an invoice that includes my name, date of service, service provided, provider name, and contact information.

The Applicant recognizes and agrees that Vintage, the Northwest Colorado Council of Governments and all other agencies participating in this program are providing no direct or indirect services; and, the applicant shall hold harmless and indemnify these agencies for any damages or liabilities it incurs arising from this agreement. Completion of this application does not guarantee delivery of services.

Signature of Program Participant

Date

NOTE: This form must be signed and on file with Vintage before Vintage can process payment for any vouchers.

Please send this completed form to: **PO Box 2308 Silverthorne, CO 80498**

Client Information and FAQs Sheet

We are so glad you found us! Please keep this information for your records.

Area Agency on Aging Information:

Your local Area Agency on Aging: Vintage – www.yourvintage.org

What is an Area Agency on Aging?

We're glad you asked! The Area Agency on Aging (AAA) is a regional agency that is designated by the state to administer federal, state, and local funding to meet the needs of older adults in their community. The AAA provides programs and services to older adults and caregivers directly and through contracts with community provider agencies. AAAs also serve as advocates for older adults.

Service Information:

The service you are requesting is funded through the Older Americans Act (OAA) and/or Older Coloradans Act (OCA) funding. This federal and state funding helps older adults, 60+, remain in their homes and communities of choice. Requests for services are processed as funds allow. We can provide you with referrals to other resources in your area, but we will not reach out to them without your permission.

What is the purpose of this form?

We ask you to fill-in this form for several reasons:

- To help us learn about you so we can offer services that best meet your needs
- To help us understand the needs of older adults in our community
- To help us show the need for funding our programs
- To help us meet reporting requirements from our funders

Taxpayer money funds these programs. We must prove that the funding only serves eligible clients and targets older adults and caregivers most in need of services. This paperwork helps us meet that level of accountability. Income information is not used to determine your eligibility for services. Income and other demographic information (e.g. gender, race, ethnicity) are collected for anonymous demographic reporting purposes. None of your personal information, such as your name or date of birth is disclosed in reporting. You can refuse to provide any of the information requested on the form.

What happens with my information?

We enter your information into a secure state database. As you receive services, we record the services you received in the database. This helps us prove how we spent the funding. The database is secured to the standards outlined in Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH). This means your data remains safe and confidential.

Will you sell my information?

No. We will never sell your information.

How do I provide feedback?

We love hearing how we can improve. Contact your service provider or your local Area Agency on Aging at **970-468-0295** or yourvintage@nwccog.org. Because we value your input, we may at times send you a survey to ask for your feedback.

How do I file a complaint, grievance, or appeal?

Complaint/Grievance/Appeal Procedure:

You have the right to file a complaint or grievance with the organization asking you to fill out this form. If you are not satisfied with the organization's decision, you can appeal the decision to your local Area Agency on Aging (AAA), and/or the State Unit on Aging (SUA). The complete Complaint/Grievance/Appeal Procedures are available upon request by contacting your local AAA and/or the SUA as follows:

<p>Vintage PO Box 2308 Silverthorne, CO 80498 970-468-0295 yourvintage@nwccog.org</p>	<p>Colorado Department of Human Services, State Unit on Aging 1575 Sherman Street, 10th Floor Denver, CO 80203 303.866.2800</p>
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Can I make a donation?

We accept donations and gifts to contribute towards the cost of services and to support our efforts. Every dollar we receive goes back into the programs and services. Donations are voluntary and are not required to receive services.

You can send to donations to Northwest Colorado Council of Governments, PO Box 2308, Silverthorne CO 80498. **Please make checks payable to NWCCOG.**

What other resources are available?

Feel free to reach out to your Area Agency on Aging to get more information about the services available in your region. We love to help!

Services available in our region include: *Case Management, In-home Services Voucher, Congregate & Home Delivered Meals, Medicare Counseling, Falls Prevention, Information Resources, Legal Assistance, Dental & Vision Voucher, Nutrition Counseling & Education, Transportation, Reassurance Calls, Caregiver Services, Long Term Care Ombudsman, Elder Abuse Prevention Information.*

AAA Contact Information for services: www.yourvintage.org / 970-468-0295

You can also call the statewide Aging and Disability Resources for Colorado (ADRC) for information about resources in your area: 1-844-COL-ADRC / 1-844-265-2372

Zero tolerance for elder abuse: Report abuse to your County Adult Protection Services

How can I help?

We couldn't meet the needs of older adults in our communities without the amazing help from volunteers and members of our Regional Advisory Councils. Reach out to either your provider or your AAA to see how you can help make a difference in the lives of older adults in our community.