

FCSP ASSESSMENT

SECTION I: REFERRAL SOURCE

REFERRAL SOURCE

Who referred the caregiver to have a caregiver assessment?

- Adult Day Health Care Center
- Caregiver (self-referral)
- Caregiver Specialist
- Case Manager
- COA
- Family
- Information & Referral
- Mental Health Professional
- Health Professional (e.g. Doctor, Hospital, Discharge Planner)
- VA
- Visiting Nurses Association (VNA)
- AFC
- GAFC
- SCO
- Other

If Other, please specify.

SECTION II: CAREGIVER CONTACT INFORMATION AND CAREGIVING SITUATION

CONTACT INFORMATION

What is the caregiver's last name?

What is the caregiver's first name?

Address

City/Town

Enter the caregiver's state of residence.

Zip Code

Home Telephone Number

Cell Phone Number

Work Phone Number

E-mail Address

Does the caregiver live with the care recipient?

- Same structure/separate living area
- No
- Yes

How far away does the caregiver live from the care recipient?

- Within a 1/2 hour
- 1/2 hour to hour
- Over an hour
- Out of State
- Out of Country

What is the caregiver relationship to care recipient? Please select one.

- Husband
- Wife
- Domestic Partner / Significant Other
- Same Sex Partner
- Son/Son-in-Law
- Daughter/Daughter-in-Law
- Other Relative
- Non-Relative
- Grandparent
- Other Elderly Relative
- Other Elderly Non-Relative

What is the caregiver's date of birth?

____/____/____

Caregiver's gender

- Female
- Male
- Transgender

How long has caregiver provided assistance? Please pick one of the answers below using the nearest whole year.

- Less than 1 year
- 1 to 2 years
- 3 to 5 years
- 6 to 10 years
- 11 years or longer

How many hours per week does the caregiver spend on caregiving?

- 1-5 hours
- 6-10 hours
- 11-20 hours
- 21-35 hours
- 36+ hours
- 24 X 7

Is the caregiver also a caregiver for another person?

- No
 - Yes
-

Who else is the caregiver responsible for? (Check all that apply)

- Child(ren)
- Domestic Partner/Significant Other
- Same Sex Partner
- Grandchild(ren)
- Other Family Members
- Spouse

Do the responsibilities include anyone with special needs/medical conditions/disabled?

- No
- Yes

Is the caregiver employed? Please pick one of the answers below.

- Yes, employed full-time
- Yes, employed part-time
- Not working, would like employment
- Seeking employment
- No, not employed

SECTION III: CARE RECIPIENT'S CHARACTERISTICS

CARE RECIPIENT'S CHARACTERISTICS

What is the care recipient's first name?

What is the care recipient's last name?

Is the Care Recipient a client of the AAA/ASAP?

- No
- On Waitlist
- Unknown
- Yes

Which program(s) is the care recipient enrolled in?

- AFC
 - Community Choices
 - ECOP
 - GAFC
 - Home Care Basic (non-waiver)
 - Home Care Basic (waiver)
 - Napis/Meals
 - PCA
 - Private Pay Care Management
 - Respite Over-Income
 - SCO
 - Not Enrolled
 - Unknown to Caregiver
 - Other
-

How did the caregiver explain the care recipient's present physical/mental health? Check all that apply.

- Alzheimer's disease
- Arthritis
- Cancer
- Dementia other than Alzheimer's disease
- Diabetes
- Fractured bone/osteoporosis
- Frail
- Hearing impairment
- Heart/circulation
- Infection
- Mental health concern
- Neurological
- Oral Health
- Respiratory
- Visual impairment
- Other

If Other is checked, how does the caregiver explain the care recipient's present physical/mental health.

Does the care recipient have a health care proxy?

- No
- Yes

A. SUPPORT OTHER THAN ADLS AND IADLS

Who advocates or facilitates participation in health care for the care recipient?

- Private pay
- Caregiver
- Independent
- Non-paid family, friends and/or volunteers
- Program Paid
- Unmet

Environmental support (housing, home maintenance) for the care recipient?

- Private pay
 - Caregiver
 - Independent
 - Non-paid family, friends and/or volunteers
 - Program Paid
 - Unmet
-

Who helps the care recipient with legal / financial matters?

- Private pay
- Caregiver
- Independent
- Non-paid family, friends and/or volunteers
- Program Paid
- Unmet

Who is the care recipient's power of attorney / conservator?

- Private pay
- Caregiver
- Independent
- Non-paid family, friends and/or volunteers
- Program Paid
- Unmet

Who helps with the care recipient's psychosocial support?

- Private pay
- Caregiver
- Independent
- Non-paid family, friends and/or volunteers
- Program Paid
- Unmet

B: HELP WITH ACTIVITIES OF DAILY LIVING

Who helps with bathing?

- Private pay
- Caregiver
- Independent
- Non-paid family, friends and/or volunteers
- Program Paid
- Unmet

Who helps with dressing?

- Private pay
- Caregiver
- Independent
- Non-paid family, friends and/or volunteers
- Program Paid
- Unmet

Who helps with eating?

- Private pay
 - Caregiver
 - Independent
 - Non-paid family, friends and/or volunteers
 - Program Paid
 - Unmet
-

Who helps with personal hygiene?

- Private pay
- Caregiver
- Independent
- Non-paid family, friends and/or volunteers
- Program Paid
- Unmet

Who helps with toileting?

- Private pay
- Caregiver
- Independent
- Non-paid family, friends and/or volunteers
- Program Paid
- Unmet

C: HELP WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Who helps with Heavy Housework?

- Private pay
- Caregiver
- Independent
- Non-paid family, friends and/or volunteers
- Program Paid
- Unmet

Who provides assistance with laundry?

- Private pay
- Caregiver
- Independent
- Non-paid family, friends and/or volunteers
- Program Paid
- Unmet

Who helps with managing finances?

- Private pay
- Caregiver
- Independent
- Non-paid family, friends and/or volunteers
- Program Paid
- Unmet

Who helps with medication management?

- Private pay
 - Caregiver
 - Independent
 - Non-paid family, friends and/or volunteers
 - Program Paid
 - Unmet
-

Who helps with mobility?

- Private pay
 - Caregiver
 - Independent
 - Non-paid family, friends and/or volunteers
 - Program Paid
 - Unmet
-

Who helps with using the phone?

- Private pay
 - Caregiver
 - Independent
 - Non-paid family, friends and/or volunteers
 - Program Paid
 - Unmet
-

Who helps with meal preparation?

- Private pay
 - Caregiver
 - Independent
 - Non-paid family, friends and/or volunteers
 - Program Paid
 - Unmet
-

Who helps with shopping?

- Private pay
 - Caregiver
 - Independent
 - Non-paid family, friends and/or volunteers
 - Program Paid
 - Unmet
-

Who provides transportation to activities?

- Private pay
- Caregiver
- Independent
- Non-paid family, friends and/or volunteers
- Program Paid
- Unmet

SECTION IV: CAREGIVER SERVICE ASSESSMENT**A. CAREGIVER'S NEEDS**

What are the caregiver's immediate needs/concerns that prompted this assessment? Check all that apply.

- Accessing services for the care recipient.
- Addressing personal concerns other than caregiver responsibilities.
- Balancing work and caregiving responsibilities.
- Dealing with own physical health.
- Financial strain/constraints.
- Home modification.
- Immediate care of care recipient.
- Managing other family responsibilities.
- Managing the care recipient's medications.
- Respite
- Safety issue/care recipient at risk of falling or left unsupervised.
- Understanding and managing the care recipient's health needs.
- Understanding and managing the behavior of the care recipient.

Does the caregiver wish to continue her/his caregiving role? If No or Unknown, please make comments in the Notes section.

- No
- Unknown
- Unsure
- Yes

Does the caregiver feel s/he has the necessary ability and knowledge to care for the care recipient? If No or Unknown, please make comments in the Notes section.

- No
- Unknown
- Unsure
- Yes

What caregiver support system(s) does the caregiver rely on? Check all that apply.

- Community Resources
- Faith Community
- Counseling
- Family
- Support Groups
- Neighbors/Friends

Does the caregiver have a back-up plan for her/himself in the event s/he unexpectedly could not assist the care recipient?

- No
- Yes

If the caregiver has a back-up plan, is it adequate?

- No
 - Yes
-

If caregiver doesn't have back-up plan, would they like to develop one?

- No
 Yes

B. CAREGIVER'S PERSONAL HEALTH AND WELL-BEING

How does the caregiver rate his/her health?

- Excellent
 Good
 Fair
 Poor
 Unknown

Is this a change from 3 months ago?

- No
 Unknown
 Yes, Deteriorated
 Yes, Improved

How does the caregiver rate her/his emotional health at the present time?

- Excellent
 Good
 Fair
 Poor
 Unknown

Is this a change from 3 months ago?

- No
 Unknown
 Yes, deteriorated
 Yes, improved
-

When providing care to the care recipient, what situations are stressful for the caregiver? Check all that apply from the list below and use "other" for additional situations. When the care recipient...

- Gets up at night (often)
- Has bowel or bladder "accident"
- Has unexpected health or behavior changes
- Is left alone -- possible safety issues
- Is threatening to others (verbal or physical)
- Is uncooperative (e.g. refuses to take medications)
- Is unwilling to accept assistance/services from others
- Repeats questions/stories
- Requires care causing the CG time away from spouse, children and/or family.
- Requires care causing the CG to miss work, leave early, reduce hours
- Requires care that causes changes in personal plan& decline in social activities
- Is at risk of falling/falls often
- Financial problems
- Not understanding how to care for client
- Is restless or agitated
- Wanders
- Other

Does the caregiver have a self-care plan that includes stress reduction for herself/himself?

- No
- Unknown
- Yes

Does the plan include any of the following options? (Check all that are known.)

- Ensuring leisure time
- Exercise/Sports
- Hobbies
- Keeping appointments (i.e. medical / counseling)
- Meditation
- Social Activities
- Spirituality
- Support Group
- Other

Does the caregiver believe s/he is spending enough time and attention to her/his own well-being?

- Most of the time
- Seldom
- Never
- Unknown

Does the caregiver feel a sense of satisfaction or other positive feelings helping the care recipient?

- Yes
- No
- Unknown

What services and support options were discussed with the caregiver to meet his/her needs?

Check all that apply.

- Activities for care recipient
- Dealing with stress; stress reduction/relaxation exercises
- Education/skill building (e.g. managing behavior, personal care)
- Financial support/subsidy/scholarships
- Friendly Visitor
- Help involving family members in caregiving tasks/facilitated family meeting.
- Home modification/safety concerns
- Housekeeping
- Insurance and benefits counseling
- Legal information/referral
- Meals
- On-going respite
- Personal care
- Personal concerns -- caregiver referral to counseling
- Planned respite (one-time)
- On-going reassurances
- Homemaker
- Telephone reassurance
- Referral to support group
- Shopping
- Transportation
- Mental health referral for care recipient
- Supplemental assistance (life chair, durable equipment)
- Children's camperships / after school programs
- Other

If Other, what services and support options were discussed with the caregiver to meet her/his current concerns / needs, please specify.

Was a caregiver action plan developed after the assessment was completed?

- Yes
- No

Title : _____

Date _____

Title : _____

Date _____