

Caregiver Program Registration

Please complete this form to the best of your ability. Heavily outlined items are for office use only.

Contact Date			
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Section A. Basic Demographics

Last Name:	First Name:	Middle Initial:
	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Unspecified	Date of Birth:
Address:		Address #2:
City:	State:	Zip Code:
Home Phone:	Mobile Phone:	Work Phone:

Section B. Social History

Race (Check all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic
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Section C. Care Receiver

What is the care receiver's name?

Last Name:	First Name:	Middle Initial:
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What is the care receiver's date of birth? _____

Address: (if different from Caregiver)	
City:	State: Zip Code:

What is your relationship to the care receiver? (Check one)

- Husband Wife Son/Son-in-law Daughter/Daughter-in-law Other relative
 Domestic partner, including civil union Brother Sister Non relative

Emergency Phone:	Emergency Contact Name	Emergency Contact Relationship
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What is the approximate household income of the care receiver? (Circle one)

1 person in a single or multiple, **non-spousal** household

\$1,215/month or less
 \$1,216 - \$1,823/month
 \$1,824-\$2,430/month
 More than \$2,430/month

2 person **spousal** household

\$1,643/month or less
 \$1,644-\$2,465/month
 \$2,466-\$3,287/month
 More than \$3,287/month

Section D. Use of Information

I understand that the information I am providing on this form is for registration purposes. The information will be used by the U.S. Health and Human Services Administration for Community Living (ACL), the Minnesota Board on Aging (MBA) and the local Area Agency on Aging to create statistical reports. ACL, MBA or its assignees may use this information to conduct a study and/or survey of this service. In addition, information provided here, may be used by other service providers to help identify other services from which I may benefit. This information will not be released to anyone other than the above mentioned parties in a way that will identify me as an individual unless I sign a separate consent for that purpose.

My signature (written or typed) indicates my agreement for this information to be used as indicated above.

Signature: _____ Today's Date: _____