Nevada Care Connection

Date of Intake completed: ____________

Caregiver Intake

<table>
<thead>
<tr>
<th>Name:</th>
<th>□ Male</th>
<th>□ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Phone: ( )</td>
<td>Email:</td>
</tr>
<tr>
<td>Physical Address:</td>
<td>Mailing Address:</td>
<td></td>
</tr>
</tbody>
</table>

Person in your care Information

<table>
<thead>
<tr>
<th>Person in your Care: Name:</th>
<th>Enrolled w/ ADRC: □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Range:</td>
<td>Veteran Status: □ None □ Veteran □ Disabled Veteran □ Veteran Dependent</td>
</tr>
<tr>
<td>□ 0-3</td>
<td>□ 4-17</td>
</tr>
<tr>
<td>□ 40-64</td>
<td>□ 65 and older</td>
</tr>
<tr>
<td>Gender:</td>
<td>Ethnicity: □ Hispanic/Latino □ Not Hispanic/Latino</td>
</tr>
<tr>
<td>□ Female</td>
<td>□ Male</td>
</tr>
<tr>
<td>Does he/she have a diagnosed dementia (i.e. Alzheimer’s, dementia, Vascular dementia, etc.)? □ Yes □ No</td>
<td></td>
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<tr>
<td>Specify diagnosis:</td>
<td>If yes, what stage of dementia? □ Early □ Mild/Middle □ Severe □ Unknown</td>
</tr>
<tr>
<td>If no, are you concerned about dementia or a memory impairment? □ Yes □ No</td>
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</tbody>
</table>

Caregiving Information

Please select the choice that best reflects caregiver’s role.

- □ Yes, provides care regularly. (Refer to respite)
- □ Yes, provides assistance occasionally, or as requested. (Refer to respite)
- □ No, does not provide support at a distance, due to not being physically present to provide assistance.
- □ No, does not personally provided any assistance, but knows he/she has a need for some support.
- □ No, does not personally provided any assistance, but has an increasing concern about his/her ability to manage things without help.
- □ No, currently does not provide any type of direct care, support, or assistance.
- □ None of the above. Statement (optional): ________

How long have you been giving extra care and assistance to the person identified above? Give an approximate length of time.

- □ Initial Request □ < 1 year □ 1-5 years □ 6-10 years □ > 10 years

How has giving care or assistance impacted your life? Please select all statements that apply to caregiver.

- □ The care recipient is now living in my home, so I can provide care.
- □ I now live in the care recipient’s home, so I can provide care.
- □ I often or regularly go to the care recipient’s home to provide care, as I do not live with the care recipient.
- □ I live in rural or frontier areas of Nevada where resources are limited.
- □ I am providing support at a distance, so it’s difficult to arrange.
- □ I have taken leave from work or reduced hours at work to meet their needs or provide care.
- □ I have felt worried, anxious or depressed since I began to provide care or support.
- □ The demands of care giving are increasing, and I am struggling to meet them.
- □ The care recipient cannot be safely left alone for extended periods of time.
- □ Other (explain): ____________
What tasks do you perform as a caregiver? Select all that apply.

- Transportation
- Personal Care
- Financial Management/Assistance
- Shopping
- Medical (medication administration, etc.)
- Overall Management
- Other, please specify: ____________________________________________________________________________________

Are you providing care to more than one person? (i.e. children, grandchildren, and/or other adults?)

- Yes
- No

If yes, give the ages of all the people you provide care to:

- 0-3 ___
- 4-17 ___
- 18-24 ___
- 25-39 ___
- 40-64 ___
- > 65 ___

Caregiver Burden Interview

<table>
<thead>
<tr>
<th>Do you feel...?</th>
<th>Never (0)</th>
<th>Rarely (1)</th>
<th>Sometimes (2)</th>
<th>Quite Frequently (3)</th>
<th>Nearly Always (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>That because of your time you spend with your relative that you don’t have enough time for yourself?</td>
<td></td>
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<tr>
<td>Stressed between caring for your relative and trying to meet other responsibilities (work/family)?</td>
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<td>Angry when you are around your relative?</td>
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<td>That your relative currently affects your relationship with family members or friends in a negative way?</td>
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<tr>
<td>That your health has suffered because of your involvement with your relative?</td>
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<td>That you don’t have as much privacy as you would like because of your relative?</td>
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<td>That your social life has suffered because you are caring for your relative?</td>
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<td>That you have lost control of your life since your relative’s illness?</td>
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<td>Uncertain about what to do about your relative?</td>
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<td>You should be doing more for your relative?</td>
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<tr>
<td>You could do a better job in caring for your relative?</td>
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</tbody>
</table>
Caregiver Needs

What specific concerns do you have about caregiving?

Thinking of your own needs, what would help the most? (select all that apply)

- Good information about resources and services available.
- Advice from other caregivers, gathered from their experiences.
- Regular or temporary breaks from care giving role.
- Extra assistance or help so you can provide the care needed.
- Training so you can provide better care.
- Strategies to make your care giving easier.
- Other (please specify):

How likely would YOU be to use Respite?

- Extremely likely
- Very likely
- Moderately likely
- Slightly likely
- Not at all likely
If not likely, why not?

Caregiver Demographics

Ethnicity:
- Hispanic or Latino
- Non-Hispanic or Non-Latino

Household Income:
- Below Poverty
- Above Poverty
- Below 300% SSI
- Above 300% SSI

Race:
- White, Caucasian
- American Indian/Alaskan
- Native Hawaiian or Pacific Islander
- Asian
- Black/ African American
- Hispanic
- Other

Do you live alone? Yes No
Are you disabled? Yes No
Are you frail? Yes No
Are you homebound? Yes No
Are you employed? Yes No

# Hours Per Week

Activities of Daily Living (ADLS)
Without assistance, I am unable to:
- Bathe
- Eat
- Walk
- N/A - I can perform all

Have you served in the U.S. military? Yes No

Instrumental Activities of Daily Living (IADLS)
Without assistance, I am unable to:
- Get Dressed
- Use the Bathroom
- Transfer In or Out of a Bed or Chair
- Prepare Meals
- Take Medication
- Manage Money
- Shop
- N/A - I can perform all

Intake Notes & Referrals Made

- Care Consultation (ongoing caregiver support)
- CarePro (Alz caregiver skills building)
- EPIC (early stage Alz education and training)
- CDSME (Alz education and training)
- Emergency Respite Voucher
- Respite (provider: )
- Caregiver Training (REST, Online, etc)
- Other, specify:

Notes: Resource Center Care Manager: