Participant ID_____

Stress Busting Program for Family Caregivers
Intake Form

Organization: _____

**Fields with an asterisks symbol (*****) must be completed*

Participant/Caregiver Information

Date: ____/_____/_____ Staff: _____
Mo. Day Year

Method of contact: □ Phone □ E-mail □ In-person at your agency □ In-person at participant's home □ In-person at another setting □ Other (specify) _____

*****Name: _____

*****Date of Birth: _____/_____/_____ *Age_____ □ unknown
Mo. Day Year

E-mail address: _____

*****Address: _____ Apt. #:_____

*****City: _____ *****Zip Code: _____

*****County _____Township: _____

*****Primary Phone: _____ Secondary Phone: _____

Best time/number to reach participant: _____

*****Race: □ White □ Black or African American □ Asian □ American Indian/Alaska Native □ Native Hawaiian or Other Pacific Islander □ Islander □Unknown

□ Other: Specify_____

*****Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

*****Gender Identity: □ Male □ Female □ Other □ Rather Not Say

Limited English Speaking: □ No □ Yes - Primary Language _____

Veteran Status: □ Veteran □ Non-Veteran

Relationship Status: □ Single □ Significant Other □ Married or Civil Union □ Separated □ Divorced □ Widowed □ Rather Not Say

Sexual Orientation: □ Heterosexual □ Gay □ Lesbian □ Bisexual □ Other □ Rather Not Say

Participant ID_____

UCLA Loneliness Scale Survey

Use Loneliness Scale Survey Tool Provided by AgeGuide

*Date Pre-Survey Administered: _____ *Date submitted to Age~Guide: _____

*Date Post-Survey Administered: _____ *Date submitted to AgeGuide:_____

Living and Caregiving Information

*# of people in household _____

*Identified Caregiver: Does anyone provide unpaid care for the participant? □Yes □No

***Financial Information**

*Low-Income: Is the participant's income over or under the Federal Poverty Line (FPL)?

□ Over □ Under (*The low income guidelines are based upon the 2019 Federal Poverty Guidelines for the 48 contiguous states as released in an Informational Bulletin on 2-1-19 by the Centers for Medicare & Medicaid Services. The effective date for these rates is 1-11-2019. For a single person household, the poverty amount is $12,490 annual salary. For a 2-person household, the poverty amount is $16,910 and increases incrementally by $4,420 with each additional household member.)

*Medicaid Status: Indicate here whether the client has any form of Medicaid services or coverage, regardless of whether that service is managed, provided, or tracked by the agency/provider.

□ Yes □ No □ Unknown

Care Receiver Information

Name: _____

Relationship with participant: □ Self □ Spouse/Significant Other □ Child □ Family □ Friend

Does care receiver have Alzheimer's disease or another type of Dementia? □ Yes □ No

Address _____Apt. #_____

City_____ Zip Code _____

County _____Township_____

Primary Phone:_____ Secondary Phone: _____

Best time to reach: _____

Participant ID_____

***Services**

Check off all the services participant is currently enrolled in:

□ Older Americans Act (OAA) Services
□ Community Care Program (CCP)
□ Managed Care Organization (MCO)
□ Other community-based services (list)

_____
_____
_____
_____

***Referrals**

Participant referred or given an application for:

□ Older Americans Act Services (OAA) (list)

_____
_____

□ Other community-based services (list) _____

_____
_____

□ Some other type of program or service (e.g. library program, social networking site, community event, etc.) (list)

_____
_____
_____

□ Participant was not referred to any other service. Reason? _____
_____

Helpful Hints:

- OAA services may include: Information & Assistance, Outreach, Home Delivered Meals, Community Dining Centers, Caregiver Support Services, Friendly Visiting, Telephone Reassurance, Transportation, Counseling, Health Promotion and Disease Prevention services, etc. Contact your local Area Agency on Aging for a list of OAA services available in your area.
- Examples of other community-based services: senior centers, educational programs, health and wellness programs, senior fairs/events, local library programs and events, telephone and online education programs, etc.