



Aging & Disability Resource Center of Sauk County
505 Broadway, Baraboo, WI 53913
608-355-3289 or 800-482-3710
Please contact Mary Jane Percy with any questions or concerns.

2013 Because You Care:
Care for the Caregiver Program Application

CARE RECIPIENT Information

Name _____

Address _____ **City/Zip** _____

Mailing Address (if different) _____

Telephone _____ **Cell Phone** _____ **Email** _____

Gender: Female Male **Date of Birth** _____ **Lives Alone?** ___ Yes ___ No

How many people live in this household (including care recipient)? _____

Ethnicity: _____ Hispanic or Latino
 _____ Not Hispanic or Latino
 _____ Unknown

Race: _____ White
 _____ American Indian/Alaskan Native
 _____ Asian
 _____ Black/African American
 _____ Native Hawaiian/Pacific Islander
 _____ Other _____

Income Information

If the recipient is single, widowed, divorced, or separated, is their annual income below \$10,830 (or monthly income below \$902)? _____ Yes _____ No

If the recipient is married, is their combined annual income below \$14,570 (or monthly income below \$1214)? _____ Yes _____ No

Assessment of Instrumental Activities of Daily Living (IADLs)

Does the care recipient have difficulty with the following:

- Preparing their own meals _____ Yes No
- Shopping for personal items and/or groceries _____ Yes No
- Managing their medications _____ Yes No
- Traveling in a van, taxi, bus or car _____ Yes No
- Answering the telephone or making telephone calls _____ Yes No
- Managing their financial responsibilities _____ Yes No
- Doing light housework _____ Yes No
- Doing heavy housework and outside chores _____ Yes No

Assessment of Activities of Daily Living (ADLs)

Does the care recipient have difficulty with the following:

- Using utensils and eating without help _____ Yes No
- Getting in and out of bed or a chair _____ Yes No
- Dressing or undressing _____ Yes No
- Bathing or showering _____ Yes No
- Completing toilet activities and personal hygiene _____ Yes No
- Walking and/or walking up and down stairs _____ Yes No

Please tell us how you are planning to use respite care to reduce your stress and help you recharge to continue caring for your loved one? For example: How often will you get a break? Will you go out? Take a class? Will you stay at home and your loved one will go out with another caregiver? Who will provide the care? _____

YOUR (Caregiver) Information

Name _____

Address _____ City/Zip _____

Mailing Address (if different) _____

Telephone _____ Cell Phone _____ Email _____

Gender: Female Male Date of Birth _____ Lives Alone? ___ Yes ___ No

How many people live in this household (including caregiver)? _____

Ethnicity: _____ Hispanic or Latino Race: _____ White
_____ Not Hispanic or Latino _____ American Indian/Alaskan Native
_____ Unknown _____ Asian
_____ Black/African American
_____ Native Hawaiian/Pacific Islander
_____ Other _____

Income Information

If the caregiver is single, widowed, divorced, or separated, is their annual income below \$10,830 (or monthly income below \$902)? _____ Yes _____ No

If the caregiver is married, is their combined annual income below \$14,570 (or monthly income below \$1214)? _____ Yes _____ No

What is your relationship to the care recipient?

_____ Husband _____ Wife
_____ Son/Son-in-law _____ Daughter/Daughter-in-law
_____ Other relative _____ Non-relative

How were you referred to the Family Caregiver Support Program?

_____ AddLIFE Newsletter _____ Radio
_____ ADRC Staff _____ Newspaper
_____ Hospital/Clinic Staff (please specify) _____
_____ Other (pleasespecify) _____

I certify the information reported here is true and correct.

Name **Date**

The information you are being asked to provide is needed to determine eligibility and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this please ask the ADRC staff.