



National Family Caregiver Support Program, Sauk County

Aging and Disability Resource Center

505 Broadway, Room #102, Baraboo, WI 53913

(608)355-3289 | Fax: 355-4375

Marina Wittmann, Aging Program Coordinator

Lending Library Registration Form

Your (Caregiver) Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Gender: Male Female Transgender-Male Transgender-Female Transgender-Unspecified
Gender-Non-Conforming Gender Fluid/Not Exclusively Male or Female Self-Describe:

Do You Live Alone? \_\_\_ Yes \_\_\_ No Are you Hispanic or Latino? \_\_\_ Yes \_\_\_ No

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

Income Information (income does not determine eligibility, it is used only for data reporting)

If the caregiver is single, widowed, divorced, or separated, is their annual income below \$13,590 (or monthly income below \$1,133)? \_\_\_ Yes \_\_\_ No

If the caregiver is married, is their combined annual income below \$18,310 (or monthly income below \$1,526)? \_\_\_ Yes \_\_\_ No

What is your relationship to the care recipient?

\_\_\_ Husband \_\_\_ Wife \_\_\_ Other relative
\_\_\_ Daughter or Daughter-in-law \_\_\_ Son or Son-in-law \_\_\_ Non-relative
\_\_\_ Brother \_\_\_ Sister

Care Recipient/Loved One's Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (if different from Caregiver) \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Lives Alone? \_\_\_ Yes \_\_\_ No

Care Recipient Information Continued...

Gender: Male Female Transgender-Male Transgender-Female Transgender-Unspecified  
 Gender-Non-Conforming Gender Fluid/Not Exclusively Male or Female Self-Describe:

Race: \_\_\_\_\_ White Are you Hispanic or Latino? \_\_\_ Yes \_\_\_ No  
 \_\_\_\_\_ American Indian/Alaskan Native  
 \_\_\_\_\_ Asian  
 \_\_\_\_\_ Black/African American  
 \_\_\_\_\_ Native Hawaiian/Pacific Islander  
 \_\_\_\_\_ Other \_\_\_\_\_

*Income Information (income does not determine eligibility, it is used only for data reporting)*

If the recipient is single, widowed, divorced, or separated, is their annual income below \$13,590 (or monthly income below \$1,133)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the recipient is married, is their combined annual income below \$18,310 (or monthly income below \$1,526)? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Care Recipient Assessment of ADL's & IADL's**

Check **Yes** for each ADL/IADL that the care recipient need substantial assistance to complete (including verbal reminding, physical cuing or supervision). Check **No** for each ADL/IADL they can complete without help.

Assessment of Activities of Daily Living (ADL's)	No	Yes
<b>Bathing:</b> Gets in and out of the bath/shower, uses faucets, washes and dries oneself safely.		
<b>Dressing:</b> Dresses and undresses safely		
<b>Toileting:</b> Uses toilet and cleans oneself		
<b>Transferring:</b> Moves in and out of a bed or chair		
<b>Feeding:</b> Gets food or drink from plate, bowl or cup into mouth and uses utensils		
<b>Continence:</b> Exercises complete self-control		

Assessment of Instrumental Activities of Daily Living (IADL's)	No	Yes
<b>Meal Preparation:</b> Plans, prepares, and serves adequate meals independently		
<b>Shopping:</b> Takes care of all shopping needs independently		
<b>Responsibility for Own Medications:</b> Takes medication in correct dosages at correct time		
<b>Ability to Manage Finances:</b> Handles financial matters and/or day-to-day purchases		
<b>Housekeeping:</b> Participates in housekeeping tasks		
<b>Laundry:</b> Launders some items independently		
<b>Mode of Transportation:</b> Travels unassisted via personal vehicle, public transportation or taxi		
<b>Ability to Use a Telephone:</b> Dials and/or answers the telephone		

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 Item(s) Loaned: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

ADRC Staff Initials: \_\_\_\_\_

\*If borrowing technology, a technology agreement must be completed in addition to this form.