National Family Caregiver Support Program, Sauk County
Aging and Disability Resource Center of Sauk County
505 Broadway, Room #234, Baraboo, WI 53913
(608)355-3289 | Fax: 355-4375
Marina Wittmann, Aging Programs Supervisor

National Family Caregiver Support Program Application

Your (Caregiver) Information

Name _____ *Date of Birth* _____

Address _____ *City/Zip* _____

Mailing Address (if different) _____

Phone Number _____ *Email* _____

Gender (specify): _____

Do You Live Alone? ___ Yes ___ No

Race (please specify all that apply):

__ White
__ Hispanic or Latino
__ Native Hawaiian or Pacific Islander
__ Middle Eastern/North African
__ Black or African American
__ American Indian or Alaska Native
__ Asian or Asian American
__ Other: _____

Ethnicity: __ Hispanic or Latino
__ Not Hispanic or Latino

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

Is your income at or below the guidelines to the right?

__Yes __No

# in Home	Month	Year
1	$1,330	$15,960
2	$1,804	$21,640
3	$2,277	$27,320
4	$2,750	$33,000

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
_____ Grandparent/Relative

Does the Care Recipient have a diagnosis of Alzheimer's or Dementia? ___ Yes ___ No

If the Care Recipient is age 18-59, do they have early onset dementia? ___ Yes ___ No ___ N/A

Are you a grandparent or relative caregiver caring for a child under age 18? ___ Yes ___ No
(If you are a grandparent/relative caregiver, please complete the Care Recipient/Loved One's Information but do not complete the assessment of ADL/IADL's on the next page)

Care Recipient/Loved One's Information

Name _____ *Date of Birth* _____

Address (if different from Caregiver) _____ *City/Zip* _____

Phone Number _____ *Lives Alone*? ___ Yes ___ No

Race (please specify all that apply):

__ White
__ Hispanic or Latino
__ Native Hawaiian or Pacific Islander
__ Middle Eastern/North African
__ Black or African American
__ American Indian or Alaska Native
__ Asian or Asian American
__ Other: _____

Ethnicity: __ Hispanic or Latino
__ Not Hispanic or Latino

Income Status (income does <u>not</u> determine eligibility, it is used only for data reporting)

Is your income at or below the guidelines to the right?

__Yes __No

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1	$1,330	$15,960
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4	$2,750	$33,000

Is the Care Recipient enrolled in a Long Term Care program (Inclusa, My Choice, IRIS)? __ Yes __ No

Care Recipient Assessment of Activities of Daily Living and Instrumental Activities of Daily Living

Activities of Daily Living (ADL's): Check **Yes** for each ADL that the care recipient need substantial assistance to complete (including verbal reminding, physical cuing or supervision). Check **No** for each ADL they can complete without help.	**No Help Needed**	**Yes, Needs Help**
Bathing: Gets in and out of the bath/shower, uses faucets, washes and dries oneself safely.		
Dressing: Dresses and undresses safely		
Toileting: Uses toilet and cleans oneself		
Transferring: Moves in and out of a bed or chair		
Feeding: Gets food or drink from plate, bowl or cup into mouth and uses utensils		
Continence: Exercises complete self-control		

Instrumental Activities of Daily Living (IADL's): Check **Yes** for each IADL that the care recipient need substantial assistance to complete (including verbal reminding, physical cuing or supervision). Check **No** for each IADL they can complete without help.	**No Help Needed**	**Yes, Needs Help**
Meal Preparation: Plans, prepares, and serves adequate meals independently		
Shopping: Takes care of all shopping needs independently		
Responsibility for Own Medications: Takes medication in correct dosages at correct time		
Ability to Manage Finances: Handles financial matters and/or day-to-day purchases		
Housekeeping: Participates in housekeeping tasks		
Laundry: Launders some items independently		
Mode of Transportation: Travels unassisted via personal vehicle, public transportation		
Ability to Use a Telephone: Dials and/or answers the telephone		

Tell Me More!

Caregivers can use the funding in a variety of ways. Respite services for caregivers includes: chore services (lawn mowing, snow shoveling, heavy housework), personal cares (dressing, bathing, toileting), daily homemaking tasks (meal prep, shopping, housecleaning), companionship and general supervision for safety purposes. Items that supplement care are also approved such as: transportation, assistive devices (adaptive aids, door locks, grab bars), home repairs (wheelchair ramp installation), supplies (incontinence supplies) and safety equipment. This list is not exhaustive – if you have something in mind, let's talk!

What would re-energize you? A short weekend trip, lunch with a friend, taking a class, having the chores taken care of? Tell me how you would use the money!

_____

_____

_____

_____

How did you learn about the National Family Caregiver Support Program in Sauk County?

_____ AddLIFE Newsletter _____ ADRC Staff (please specify whom) _____

_____ Hospital/Clinic Staff _____ _____ Other _____

I certify the information reported here is true and correct.

_____ _____

Name **Date**

Additional Caregiver Support Services

Powerful Tools for Caregivers: a 6-week evidence-based workshop designed to help caregivers learn how to take care of themselves while caring for a loved one. Call for workshop details.

Trualta: a free online learning portal that offers educational materials, articles, videos, tip sheets, and music – something for every caregiver! https://wisconsincaregiver.trualta.com/login or contact Marina at the ADRC.

Support Groups & Education: Call for a complete list of in-person and virtual support groups. For events around the state, check out wisconsincaregiver.org/virtual-events-for-caregivers.

Caregiver Lending Library: add to your caregiving toolbox and check out items for 6+ months. Items include iPads, Amazon Fire Tablets, Amazon Echo (Alexa), books, activity kits, DVD's and more!

Opt-In: want to stay up-to-date on all things caregiver? Check the box(es) below to sign up!

- ☐ Monthly email blast with what's available for caregivers
- ☐ Bi-Monthly Well-Connected Caregiver Newsletter
  - Circle Option: Email Mail/Hard Copy

Email or mail this application to Marina Wittmann
marina.wittmann@saukcountywi.gov or
Aging & Disability Resource Center
505 Broadway Street
Baraboo, WI 53913

ADRC
Aging and Disability Resource Center
of Sauk County

Privacy Statement: "The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal or state 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 ensure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff." Rev 2.6.26 MW