

Caregiver Program Registration

Please complete this form to the best of your ability. Shaded areas are for office use only.

Contact Date / /	Status	AAA Region	NAPIS ID Number - -
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Section A. Basic Demographics

Last Name:	First Name:	Middle Initial:	
Lives in Rural Area (Circle One): <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified	Date of Birth: / /	
Address:	Address #2:		
City:	State:	Zip Code:	County:
Home Phone: ()	Mobile Phone: ()	Work Phone: ()	

Section B. Social History

Race (Circle one): <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White Hispanic <input type="checkbox"/> White not Hispanic <input type="checkbox"/> 2 or More Races <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other	Ethnicity (Circle one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic
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Section C. Care Receiver

What is the care receiver's name?
(Last) _____ (First) _____ (Middle Initial) _____

What is the care receiver's date of birth? ____/____/____

What is your relationship to the care receiver? (Circle one)

Husband Wife Son/Son-in-law Daughter/Daughter-in-law Other Relative
 Non-Relative

What is the approximate household income of the care receiver? (Circle one)

1 person in a single or multiple, *non-spousal* household
Under \$990/month \$991-\$1,485/month \$1,486-\$1,980/month More than \$1,980/month

2 person *spousal* household
Under \$1,335/month \$1,336-\$2,003/month \$2,004-\$2,670/month More than \$2,670/month

Section D. Use of Information

I understand that the information I am providing on this form is for registration purposes. The information will be used by the Area Agency on Aging and the Minnesota Board on Aging to create statistical reports and may be used by service providers to help identify other services from which I may benefit. This information will not be released to anyone other than the above mentioned parties in a way that will identify me as an individual unless I sign a separate consent for that purpose.

Signature: _____ Today's Date: _____