

# Ventura County Area Agency on Aging (VCAAA)

## Data Reporting Manual

### For The Family Caregiver Support System (FCSP)

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This guide is a companion piece to the VCAAA Contractors Manual as well as to the contract between the VCAAA and its contractors/vendors. It is also meant for VCAAA staff to have an understanding of the program requirements; and for staff to convey to contractors/vendors the minimum set of data elements that must be collected from participants and reported to the California Department of Aging (CDA). Please refer to your contract for the actual services contracted, scope of service and service unit measurement and definition. Contractors/vendors are expected to provide and report on only those services that are specified in the contract.

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The Older Americans Act (OAA) requires a report of statistical data reflecting the number of service units provided and the number of registered clients or the estimated clients/audience reached.

The VCAAA implements different provider reporting procedures, depending on the type of service being provided. Data that is required to be collected and reported is based on federal National Aging Program Information System requirements (NAPIS) and is not negotiable. Every attempt must be made to gather accurate data from program participants. Contact your VCAAA grants manager if you have any questions about which category(ies) your program is reporting on. For VCAAA staff, consult with your supervisor if you have questions.

### Definitions and Eligibility

All services provided under the Family Caregiver Support Program (FCSP) are funded by Title III E (3E). The use of the term 3E and FCSP are used interchangeably in this document. The Title III E Family Caregiver Support Program (FCSP) has five major categories of service: Support Services, Respite Care, Supplemental Assistance, Access Assistance and Information Services.

- ☞ Support Services are services that directly support the family caregiver.
- ☞ Respite Care means a brief period of relief or rest from caregiving responsibilities, and is provided to caregivers on an intermittent, occasional, or emergency basis in a manner that responds to the individual needs and preferences of the caregivers and their care receivers, rather than a pre-established set amount offered on a “first come, first served” waiting list basis.
- ☞ Supplemental Assistance means caregiver-centered assistance offered on a limited basis to support and strengthen the caregiving efforts. They can only be provided to a caregiver of a care receiver having two or more activities of daily living

limitations or a cognitive impairment, or to a caregiver who is the grandparent or older adult relative caring for a child

- ☞ Access Assistance means the provision of caregiving information and assistance, caregiver outreach, caregiver interpretation/translation, and caregiver legal resources; and links caregivers to the opportunities and services that are available.
- ☞ Information Services means the provision of public information on caregiving and/or community education on caregiving, including information about available services

These services are divided among two categories of Title III E eligible caregivers: Caring for Elderly and Caring for Child (such as grandparents raising grandchildren). Services in these two categories must be tracked and participant data reported separately.

**Caregiver (Family)**<sup>1</sup> – A Title III E family caregiver is defined as:

- (1) An adult caregiver aged 18 or older who is providing informal<sup>2</sup> (unpaid) in-home and/or community care to:
  - ▶ A person aged 60 years of older; or
  - ▶ An individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- (2) A grandparent or older individual relative caregiver (i.e., a grandparent or step-grandparent, or a relative of a child by blood, marriage or adoption) who is 55 years of age and older and who (a) lives with the child; (b) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and (c) has a legal relationship to child such as legal custody or guardianship, or is raising the child informally.

**Care Receiver** - A care receiver is defined as:

- (1) An older Individual defined as aged 60 years or older; or a
- (2) A child who is not more than 18 years of age or who is an individual (of any age) with a *disability* (defined below); or a
- (3) An individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

**Disability, Severe** – Refers to an individual with a severe, chronic disability attributable to mental or physical impairment, that is likely to continue indefinitely and results in substantial limitation in three (3) or more of the following areas of major life activity:

- a. Self-care
- b. Receptive and expressive language
- c. Learning
- d. Mobility

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<sup>1</sup> Title III, Part A, Section 302(3) of the OAA. (The broader term "Caregiver" as defined in Title I, Section 102(18)(B) of the OAA is not applicable to Title III E Family Caregiver Program.)

<sup>2</sup> "Informal" means that the care is provided without pay and is not provided as part of a public or private formal service program. Grant funds cannot be used to pay the Family Caregiver a stipend or salary for providing care.

- e. Self-direction
- f. Capacity for Independent Living
- g. Economic self-sufficiency
- h. Cognitive functioning, and
- i. Emotional adjustment.

**Respite Care** – Respite is the provision of *temporary* (defined below) substitute supports or living arrangements for care receivers and may be provided (1) in the home (and include the provision of personal, homemaker, and chore services to the care receiver), (2) by attendance of the care receiver at day care or other non-residential day center or program (including recreational outings for children), and (3) by attendance of the care receiver in a facility for an overnight stay on an occasional or emergency basis (such as a nursing home for older adults or summer camp for grandchildren). Note: Respite Care shall be provided only to a caregiver of a care receiver having two or more activities of daily living limitations or a cognitive impairment, or to a caregiver who is the grandparent or older adult relative caring for a child.

*Temporary* respite care means a brief period of relief or rest from a caregiver's responsibilities during a limited time period, and could be provided on the following basis:

- Intermittent—Time off a few hours once a week for a limited time to give the caregiver a planned or unscheduled break;
- Occasional—Time off for the caregiver to attend a special event;
- Emergency—Extended break to address an intervening circumstance, such as caregiver emotional stress or hospitalization and recovery.

### Required Title III E Client Information – Caregiver and Care Receiver

For these programs, all providers are required complete and have on file an intake form for both the caregiver and care receiver. Intake forms have been created with the required fields on the form. Click on the service category (below) to take you to the required form(s) that must be filled out for that program.

VCAAA reviews registered client (caregiver and care receiver) details for completeness. The client's information is self-reported and collected annually. If a client declines to provide information, document the action. Service cannot be denied to eligible clients declining to provide information. *All of the listed data elements, with the exception of birth date, include a "Declined to State" option which is calculated separately from "missing" information.* Missing information occurs when a client is not asked to identify the required demographic data element or information was not entered into the AAA database.

Every effort should be made to collect complete and accurate information. If data is missing (either on the paper form or entered into Q), your grants manager and the Office Systems Coordinator will contact you and require that the information be collected and entered.

**NOTE** – An intake form is required to be completed for both the caregiver and the care receiver for the following services.

## FCSP SERVICES

Service Category (click on the word to see the definition)	FSCP Category	Intake Form to Use	Service Units	Eligibility Form Required <sup>3</sup>	ADL & IADL Required for the Care Receiver <sup>4</sup>	Nut. Risk Req.
<a href="#">Assessment</a>	Supportive Services	<a href="#">Intake Form</a>	Hour	<a href="#">X</a>	<a href="#">X</a>	
<a href="#">Counseling (includes preplacement counseling)</a>	Supportive Services	<a href="#">Intake Form</a>	Hour	<a href="#">X</a>	<a href="#">X</a>	
<a href="#">Peer Counseling</a>	Supportive Services	<a href="#">Intake Form</a>	Hour	<a href="#">X</a>	<a href="#">X</a>	
<a href="#">Support Group</a>	Supportive Services	<a href="#">Intake Form</a>	Hour	<a href="#">X</a>	<a href="#">X</a>	
<a href="#">Training</a>	Supportive Services	<a href="#">Intake Form</a>	Hour	<a href="#">X</a>	<a href="#">X</a>	
<a href="#">Case Management</a>	Supportive Services	<a href="#">Intake Form</a>	Hour	<a href="#">X</a>	<a href="#">X</a>	<a href="#">x</a>
<a href="#">In-Home Supervision</a>	Respite Care	<a href="#">Intake Form</a>	Hour	<a href="#">X</a>	<a href="#">X</a>	
<a href="#">Home Chore</a>	Respite Care	<a href="#">Intake Form</a>	Hour	<a href="#">X</a>	<a href="#">X</a>	
<a href="#">Out-of-Home Day Care</a>	Respite Care	<a href="#">Intake Form</a>	Hour	<a href="#">X</a>	<a href="#">X</a>	
<a href="#">Out-of-Home Overnight Care</a>	Respite Care	<a href="#">Intake Form</a>	Hour	<a href="#">X</a>	<a href="#">X</a>	
<a href="#">Assistive Devices</a>	Supplemental Services	<a href="#">Intake Form</a>	Device/ Occurrence	<a href="#">X</a>	<a href="#">X</a>	
<a href="#">Home Adaptations</a>	Supplemental Services	<a href="#">Intake Form</a>	Modification/ Occurrence	<a href="#">X</a>	<a href="#">X</a>	
<a href="#">Registry</a>	Supplemental Services	<a href="#">Intake Form</a>	Hour/ Occurrence	<a href="#">X</a>	<a href="#">X</a>	
<a href="#">Emergency Cash/Material Aid</a>	Supplemental Services	<a href="#">Intake Form</a>	Assistance/ Occurrence	<a href="#">X</a>	<a href="#">X</a>	

For clients receiving these services, the following information is required:

- ✓ [First Name](#)
- ✓ [Last Name](#)
- ✓ [Birthdate](#)
- ✓ [Gender](#)
- ✓ [City](#)
- ✓ [Zip Code](#)
- ✓ [Rural Designation](#)

<sup>3</sup> Eligibility form is required to be completed if the care receiver is under age of 60 AND FCSP Supplemental, Support and/or Respite Services may/will be provided to Caregiver.

<sup>4</sup> NOTE: There are no ADL or IADL data collection requirements for Care Receivers in FCSP Caring for Child.

- ✓ [Race](#)
- ✓ [Ethnicity](#)
- ✓ [Marital Status](#)
- ✓ [Poverty Status](#)
- ✓ [Living Arrangement](#)
- ✓ [Employment Status](#)
- ✓ [Caregiver Relationship](#) - Relationship of the caregiver to the care receiver

A definition for these categories is as follows:

Category	Definition
First Name	Use the client's given name, not nickname
Last Name	Use the client's legal last name
Birthdate	Required field to verify eligible – actual date of birth
Gender	Options are male, female and other
City	City where the client lives
Zip Code	<a href="#">See the zip code chart</a>
Rural Designation	<p>AoA defines “rural” as an area that is not defined as urban. Urban areas comprise (1) urbanized areas (as central place and lists adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census-designated place with 20,000 or more inhabitants.</p> <p>Often a client may not know how to declare their rural designation. You may apply a rural designation on behalf of the client. If applied, make sure those areas, such as zip codes, are documented in your procedures.</p> <p>In Ventura County clients that live in the following zip codes ONLY can be counted as rural:</p> <ul style="list-style-type: none"> <li>✓ 93040 – Piru</li> <li>✓ 93066 – Somis</li> <li>✓ 91307 – Bell Canyon (the portion that is in Ventura County)</li> </ul> <p>Everyone else is counted as “urban”.</p>
Gender	Options are male, female, declined to state or other.
Race	The following reflects the Office of Management and Budget's (OMB) reporting requirement for collecting race, and California's Government Code Section 8310.5 reporting requirement for collecting different Asian and Native Hawaiian/Other Pacific Islander groups.

Category	Definition
	<p>The follow options are available to report:</p> <ul style="list-style-type: none"> <li>• White</li> <li>• American Indian or Alaska Native</li> <li>• Chinese</li> <li>• Japanese</li> <li>• Korean</li> <li>• Filipino</li> <li>• Vietnamese</li> <li>• Asian Indian</li> <li>• Black or African American</li> <li>• Guamanian</li> <li>• Hawaiian</li> <li>• Laotian</li> <li>• Other Asian</li> <li>• Cambodian</li> <li>• Samoan</li> <li>• Other Pacific Islander</li> <li>• Other Race</li> <li>• Multiple Race</li> <li>• Declined to State</li> </ul>
Ethnicity	<p>The following reflects the OMB's ethnicity reporting requirement. Hispanic or Latino origin is a <u>separate question from the race category</u>. The following options are available to report ethnicity:</p> <ul style="list-style-type: none"> <li>• Not Hispanic/Latino</li> <li>• Hispanic/Latino</li> </ul>
Marital Status	<p>The following options are available:</p> <ul style="list-style-type: none"> <li>• Declined to state</li> <li>• Domestic partner</li> <li>• Divorced</li> <li>• Married</li> <li>• Separated</li> <li>• Single (never married)</li> <li>• Widow</li> </ul>
Poverty Status	<p>Clients are marked as "At or Below 100% FPL", "Above 100% FPL", or "Decline to State" depending on their income as it relates to the Federal Poverty Level. The latest Federal Poverty Level (FPL) information can be found at <a href="http://aspe.hhs.gov/poverty/index.shtml#latest">http://aspe.hhs.gov/poverty/index.shtml#latest</a>.</p>
Living Arrangement	<p>AoA defines "living alone" as a one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting. The following living arrangement options are available to report.</p> <ul style="list-style-type: none"> <li>• Alone</li> <li>• Not alone</li> </ul>
Employment Status	<p>Required for the caregiver - Caregivers are to be asked about their current employment status and marked as follows:</p> <ul style="list-style-type: none"> <li>• Fulltime</li> <li>• Part-time (less than 35 hours per week)</li> <li>• Retired</li> <li>• Not employed (unemployed)</li> <li>• On a leave of absence</li> </ul>
Relationship to the Care Receiver	<p>Caregiver records are marked with one of the following relationships to the care receiver:</p> <ol style="list-style-type: none"> <li>1. Husband</li> </ol>

Category	Definition
	2. Wife 3. Parent 4. Grandparent 5. Domestic Partner 6. Son 7. Son-in-Law 8. Daughter 9. Daughter-in-Law 10. Other Relative 11. Non-Relative 12. Declined to State

## ADL/IADL's Explained

The the Older Americans Acts uses the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) functional impairment scale to identify individuals with functional limitations. If providing a registered service, the contractor/vendor must collect data on the care receiver's ADL's and IADL's, which are a measurement of the care receiver's ability to perform (or not perform) one or more of the following six activities of daily living without personal assistance, or stand-by assistance, supervision, or cues: *eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking*; AND one or more of the following eight instrumental activities of daily living: *preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, transportation ability*. **NOTE: There are no ADL or IADL data collection requirements for Care Receivers in FCSP Caring for Child.**

### How to Determine the ADL and IADL Score:

The ADL and IADL functional ability rating scale is applied to each question. The Q System counts the number ADLs and IADLs where verbal or human assistance is required. An applicant's or client's sum determines the overall level of functional impairment. Optional ADL and IADL activities are not included in the computation.

\*Recipients of any Supplemental Services MUST have at least two Activities of Daily Living Impairments -and/or- a cognitive impairment.

### ADL/IADL - Required Functional Rating

Category	Example
ADL: Bathing	Bathing means cleaning the body using a tub, shower, or sponge bath including getting a basin of water, managing faucets, getting in and out of a tub, reaching head and body parts for soaping, rinsing, and drying.



Category	Example
ADL: Toileting	Able to move to and from, on and off toilet or commode, empty commode, manage clothing and wipe and clean body after toileting, use and empty bedpans, ostomy and/or catheter receptacles and urinals, apply diapers and disposable barrier pads. Menstrual care: able to apply external sanitary napkin and clean body.
ADL: Transferring in/out of bed/chair	Moving from one sitting or lying position to another sitting or lying position; e.g., from bed to or from a wheelchair, or sofa, coming to a standing position and/or repositioning to prevent skin breakdown.
ADL: Walking	Walking or moving inside, moving from one area of indoor space to another without necessity of handrails. Can respond adequately to the presence of obstacles that must be stepped around. Includes ability to go from inside to outside and back.
ADL: Dressing	Putting on and taking off, fastening and unfastening garments and undergarments, special devices such as back braces, corsets, elastic stockings/garments and artificial limbs or splints.
IADL: Meal Preparation	Planning menus. Washing, peeling, slicing vegetables, opening packages, cans, and bags, mixing ingredients, lifting pots and pans, re-heating food, cooking, safely operating stove, setting the table, serving the meal, cutting food into bite-sized pieces. Washing, drying, and putting away the dishes.
IADL: Shopping	Compile list, bending, reaching, and lifting, managing cart, or basket, identifying items needed, transferring items to home, putting items away, ordering prescriptions over the phone and picking them up, and buying clothing.
IADL: Medication Management	Physically and mentally able to identify, organize, schedule, handle, and consume (inject, instill or insert) the correct amount of the prescribed medication at the specified time according to a doctor's prescription.
IADL: Money Management	Physically and mentally handles the receipt of monies, expenditures, and receipt and payment of bills in a timely and primarily correct manner.
IADL: Using Telephone	Obtains number, dials, handles receiver, can speak and hear response, and terminates call, may include use of instrument with loudspeaker or hearing devices. Able to use telephone during emergency situations to call 911 or other help.



Category	Example
IADL: Heavy Housework	Cleaning oven and stove, cleaning and defrosting refrigerator, moving light furniture to clean under and behind, vacuuming upholstery and under cushions, providing deep cleaning activities such as washing and cleaning baseboards, window tracks, cabinets, doors, drapes/blinds, etc.
IADL: Light Housework	Sweeping, vacuuming, mopping floors, washing kitchen counters and sinks, cleaning bathroom, taking out garbage, dusting and picking up.
IADL: Transportation	Using private or public vehicles, cars, buses, trains, or other forms of transportation to get to medical appointments, purchase food, shop, pay bills, or arrange for services, to socialize and participate in entertainment or religious activities. Can arrange for getting and using public transportation or get to, enter and operate a private vehicle.

Providers are to assess the person's ability based on the following scale:

ADL & IADL Functional Impairment Rating Scale
(1) Independent: Can perform a task without human assistance.
(2) Verbal Assistance: Requires verbal assistance such as a reminding to complete a task
(3) Some Human Help: Requires some physical assistance to perform a task.
(4) Lots of Human Help: Requires substantial assistance to perform a task.
(5) Dependent: Totally dependent on another person to perform a task.

## Nutritional Risk

Older Americans Act programs use nutritional screening to identify individuals at nutritional risk or with malnutrition. VCAAA uses a standard tool across all programs as it corresponds with the categories used in our database system. Information is also used for targeting and reporting purposes. CDA uses the nutritional risk data to determine if we are reaching individuals who are medium to high nutritional risk. *Every attempt should be made to have clients accurately fill out this information.*

**An annual nutritional risk assessment is required for all caregivers receiving Title IIIIE Case Management.**

## Reporting Services where an intake form is not required

Check your contract to see if you are to report service units in the following categories. If you are contracted to do so, an intake form for each client served/activity undertaken may not be required. However, depending on the program there may be additional requirements. View the [additional requirements box](#) below to see what the additional requirements are, if any.

Service Category (click on the word to see the definition)	FSCP Category	Additional Requirements	Service Units	Estimated Audience Required
<a href="#">Outreach</a>	Access Assistance		Contact	Yes
<a href="#">Information and Assistance</a>	Access Assistance	<a href="#">additional requirements</a>	Contact	No – actual used
<a href="#">Interpretation/Translation</a>	Access Assistance		Contact	Yes
<a href="#">Legal Resources</a>	Access Assistance		Contact	Yes
<a href="#">Public Information</a>	Information Services		Activity	Yes
<a href="#">Community Education</a>	Information Services		Activity	Yes

Information and Assistance – Data entry of all VCAAA Title III-E Information and Assistance client information is required to be entered directly into the ReferNet System.

**NOTE:** Actual numbers of unduplicated clients served must be reported on the appropriate form. Service providers are required to develop a mechanism to count and report unduplicated client numbers.

## Disaster Registry

The VCAAA along with the County of Ventura Human Services Agency has a disaster registry in which people aged 60 and over can voluntarily register. The registry interacts with the Sheriff's Department Office of Emergency Services. Information such as name, address, phone number, emergency contact name and number is collected along with general medical condition, supply needs (oxygen, etc) and what kind of assistance seniors might need during an emergency will be indicated on a map of the area. During an actual emergency this information helps emergency response personnel to better allocate limited resources. The Office of Emergency Services will be able to ensure that emergency workers have general information about medical and supply needs. The disaster registry is voluntary and no response is guaranteed.

Initial automated calls are made by the County of Ventura's Reverse 911 system with follow-up calls made by trained social workers. Messages may include heat advisories, instructions on what to do or where to go to be out of danger. Though enrolled in the database, VCAAA cannot promise that seniors will get a telephone call or a visit to their home for every emergency; *however*, enrollment helps the VCAAA better work with emergency workers to ensure safety.

The option of enrolling in the registry is provided to seniors receiving disaster kits, however service providers may enroll other seniors in the registry by completing the [disaster registry form](#) and returning it to the VCAAA (attention: [Martin.Marquez@ventura.org](mailto:Martin.Marquez@ventura.org)).

Required elements include:

- a. Degree of contact necessary:
  - 1. Critical, the person must be moved with the assistance of an Ambulance or other emergency vehicle.
  - 2. Urgent, personal contact is required to assist this person.
  - 3. Moderate, a phone call is all that is required.
  - 4. Contact by Emergency Staff not needed. Person is not to be contacted.
- b. Impairment that the emergency staff should be aware of (pick only one):
  - 1. Deaf
  - 2. Blind
  - 3. Bed bound
  - 4. Wheelchair dependant
  - 5. Mental disability
  - 6. No impairments
- c. Special Needs/Equipment Required (pick only one):
  - 1. Respirator
  - 2. Oxygen
  - 3. Insulin
  - 4. Life Support Medications
  - 5. Dialysis
  - 6. Bowel or Bladder Issues
  - 7. Nasal/Gastro Tubes/Suctions
  - 8. No Special Needs

## Data Entry Into the Q System

For those contractors/vendors or VCAAA staff entering Title E data into the Q systems, the following guides are available

Service	Type of Guide
Information and Assistance	VCAAA Information and Assistance ReferNet Guide
Counseling	Q Data entry Guide for Caregivers and Care Receivers for Long Term Care Services Title III E
All Services	Entering 3E Clients and Service Units (including synchronizing the caregiver and care receiver)
All Services	Running Reports in Q Guide

The guides are available on the VCAAA website or by email from [Martin.Marquez@ventura.org](mailto:Martin.Marquez@ventura.org) or by contacting your grants manager.

## VCAA Service Area by Zip Code

	ZIP CODE	CITY	COUNTY
<b>IN ZIP CODE ORDER →</b>  <b>ALL zip codes are entered in the "Q" database as URBAN except for the RURAL zip codes of:</b> <b>-93040-Piru</b> <b>-93066-Somis - 91307-Bell Canyon (the portion that is in Ventura County.</b>	<b>91301</b>	<b>AGOURA HILLS</b>	<b>Los Angeles *</b>
	<b>91307</b>	<b>BELL CANYON** (RURAL)</b>	<b>**</b>
	91319	NEWBURY PARK	Ventura
	91320	NEWBURY PARK-THOUSAND OAKS	Ventura
	91358	THOUSAND OAKS - Hampshire Rd.	Ventura
	91359	THOUSAND OAKS-WESTLAKE VILLAGE	Ventura
	91360	THOUSAND OAKS - Northwest	Ventura
	91361	THOUSAND OAKS-WESTLAKE VILLAGE Lake Sherwood - Hidden Valley	Ventura
	91362	THOUSAND OAKS - North Ranch/East	Ventura
	<b>91363</b>	<b>WESTLAKE VILLAGE - THOUSAND OAKS</b>	<b>Los Angeles *</b>
	<b>91376</b>	<b>AGOURA HILLS</b>	<b>Los Angeles *</b>
	91377	AGOURA HILLS-OAK PARK	Ventura
	93001	VENTURA - Includes Casitas Springs	Ventura
	93002, 93003	VENTURA	Ventura
	93004	VENTURA - Saticoy/East	Ventura
	93005, 93005, 93006, 93007	VENTURA	Ventura
	93009	VENTURA - Government Center	Ventura
	93010	CAMARILLO - West	Ventura
	93011	CAMARILLO - Central	Ventura
	93012	CAMARILLO - East - Santa Rose Valley	Ventura
	<b>93013, 93014</b>	<b>CARPINTERIA</b>	<b>Santa Barbara *</b>
	93015, 93016	FILLMORE	Ventura
	93020, 93021	MOORPARK	Ventura
	93022	OAK VIEW	Ventura
	93023	OJAI - Meiners Oaks	Ventura
	93024	OJAI	Ventura
	93030	OXNARD - East	Ventura
	93031, 93032	OXNARD - Central	Ventura
	93033	OXNARD - College Park	Ventura
	93034	OXNARD - South	Ventura
	93035	OXNARD - Channel Islands/South	Ventura
	93036	OXNARD - North	Ventura
	<b>93040</b>	<b>PIRU (RURAL)</b>	Ventura
	93041, 93042	PORT HUENEME - Pt. Mugu NAWC	Ventura
	93043	PORT HUENEME - CB Base	Ventura
	93044	PORT HUENEME	Ventura
	93060, 93061	SANTA PAULA	Ventura
	93062	SIMI VALLEY - East	Ventura
	93063	SIMI VALLEY - Northeast - Santa Susana	Ventura
	93064	SIMI VALLEY - Southwest/Brandeis	Ventura
	93065	SIMI VALLEY - Northwest	Ventura
	<b>93066</b>	<b>SOMIS (RURAL)</b>	Ventura
	93093	SIMI VALLEY - Central	Ventura
	93094	SIMI VALLEY - Central	Ventura
	93099	SIMI VALLEY - Central	Ventura

\* **Not** eligible to receive services unless client or care receiver reside in Ventura County.

\*\***91307 is on the LA-County border.** To confirm eligibility, ask client to provide a copy of their Ventura County property tax bill (which shows client's address, parcel #, etc.).

To view zip code location go to: <http://www.zip-codes.com/search.asp>

## Family Caregiver Support Program Definitions

FSCP Category	Service Category	Eligible Pop.	Unit Measure	Definition
Support Services	Caregiver Assessment	Caring for Elderly & Child	1 Hour	<p><u>Caring for Elderly:</u> An FCSP Support Service conducted by persons trained and experienced in the skills required to deliver the service that should result in a plan that includes emergency back-up provisions and is periodically updated; and will explore options and courses of action for caregivers by identifying their: (A) willingness to provide care; (B) duration and care frequency preferences; (C) caregiving abilities; (D) physical health, psychological, social support, and training needs; (E) financial resources relative for caregiving; and (F) strengths and weaknesses within the immediate caregiving environment and (caregiver's) extended informal support system.</p> <p><u>Caring for Child:</u> An FCSP Support Service provided to a caregiver by a person appropriately trained and experienced in the skills required to deliver the level of counseling service, which may range from guidance with caregiving responsibilities to therapy for stress, depression, and loss; and (A) may involve his or her informal support system; (B) may be individual direct sessions and/or telephone consultations, and (C) may address caregiving-related financial and long-term care placement responsibilities.</p>
Support Services	Caregiver Counseling	Caring for Elderly & Child	1 Hour	<p><u>Elderly and Child</u> - An FCSP Support Service provided to a caregiver by a person appropriately trained and experienced in the skills required to deliver the level of support needed for stress, depression, and loss as a result of caregiving responsibilities. This service (A) may involve his or her informal support system; (B) may be individual direct sessions and/or telephone consultations, and (C) may address caregiving-related financial and long-term care placement responsibilities.</p>
Support Services	Caregiver Peer Counseling	Caring for Elderly & Child	1 Hour	<p><u>Elderly and Child</u> - An FCSP Support Service provided by experienced volunteers on the condition that appropriate training and qualified supervision protocols are in place.</p>

FSCP Category	Service Category	Eligible Pop.	Unit Measure	Definition
Support Services	Caregiver Support Group	Caring for Elderly & Child	1 Hour	<u>Elderly and Child</u> - An FCSP Support Service provided to a group of 3 - 12 caregivers that is led by a competent facilitator; conducted at least monthly within a supportive setting or via a controlled access, moderated online or teleconference approach; for the purpose of sharing experiences and ideas to ease the stress of caregiving, and to improve decision-making and problem-solving skills related to their caregiving responsibilities.
Support Services	Caregiver Training	Caring for Elderly & Child	1 Hour	<u>Elderly and Child</u> - An FCSP Support Service consisting of workshops or one-on-one individually tailored sessions, conducted either in person or electronically by a skilled and knowledgeable individual, to assist caregivers in developing the skills and gaining the knowledge necessary to fulfill their caregiving responsibilities; and address the areas of health, nutrition, and financial literacy.
Support Services	Caregiver Case Management	Caring for Elderly & Child	1 Hour	<u>Elderly and Child</u> - An FCSP Support Service provided by a person who is trained and experienced in the skills that are required to coordinate and monitor the provision of formal caregiver-related services in circumstances where caregivers are experiencing diminished capacities due to mental impairment or temporary severe stress and/or depression.
Respite Care	Caregiver Respite In-Home Supervision	Caring for Elderly & Child	1 Hour	<u>Elderly and Child</u> - An FCSP Respite Care service that includes the provision of care receiver day and/or overnight supervision and friendly visiting by an appropriately skilled provider or volunteer in order to prevent wandering and health or safety incidents.
Respite Care	Caregiver Respite Homemaker Assistance	Caring for Elderly & Child	1 Hour	<u>Elderly and Child</u> - An FCSP Respite Care service that includes the provision of care receiver assistance with meal preparation, medication management, using the phone, and or light housework (along with care receiver supervision) by an appropriately skilled provider or volunteer.
Respite Care	Caregiver Respite In-Home Personal Care	Caring for Elderly & Child	1 Hour	<u>Elderly and Child</u> - An FCSP Respite Care service that includes the provision of care receiver assistance with eating, bathing, toileting, transferring, and or dressing (along with care receiver supervision and related



FSCP Category	Service Category	Eligible Pop.	Unit Measure	Definition
				homemaker assistance) by an appropriately skilled provider.
Respite Care	Caregiver Respite Home Chore	Caring for Elderly & Child	1 Hour	<u>Elderly and Child</u> - An FCSP Respite Care service that includes an appropriately skilled provider or volunteer assisting a caregiver with heavy housework, yard work, and or sidewalk and other routine home maintenance (but not structural repairs) associated with caregiving responsibilities.
Respite Care	Caregiver Respite Out-of-Home Day Care	Caring for Elderly & Child	1 Hour	<u>Elderly and Child</u> - An FCSP Respite Care service where the care receiver attends a supervised/protective, congregate setting during some portion of a day, and includes access to social and recreational activities.
Respite Care	Caregiver Respite Out-of-Home Overnight Care	Caring for Elderly & Child	1 Hour	<u>Elderly and Child</u> - An FCSP Respite Care service where the care receiver is temporarily placed in a supervised/protective, residential setting for one or more nights, and may include access to nursing and personal care.
Suppl. Services	Assistive Devices for Caregiving	Caring for Elderly & Child	1 Device is 1 Occurrence	<u>Elderly and Child</u> - An FCSP Supplemental Service that involves the purchase, rental and/or service fee of any equipment or product system (ranging from a lift chair or bathtub transfer bench to an electronic pill dispenser or emergency alert fall prevention device) in order to facilitate and fulfill caregiving responsibilities.
Suppl. Services	Home Adaptations for Caregiving	Caring for Elderly & Child	1 Modification is 1 Occurrence	<u>Elderly and Child</u> - An FCSP Supplemental Service that makes any minor or major physical change to the home (ranging from installation of grab bars or replacement of door handles to construction of an entrance ramp or roll-in shower) in order to fulfill caregiving responsibilities.
Suppl. Services	Caregiving Services Registry	Caring for Elderly & Child	1 Hour is 1 Occurrence	<u>Elderly and Child</u> - An FCSP Supplemental Service that recruits, screens, and maintains a listing of dependable, qualified self-employed homemaker or respite care workers who may be matched with caregivers willing to use personal resources to pay for assistance with their caregiving responsibilities. Both the caregiver and the self-employed worker will be: (A) advised about appropriate compensation and workplace performance expectations; and

FSCP Category	Service Category	Eligible Pop.	Unit Measure	Definition
				(B) provided with follow-up to ensure the match is functioning effectively.
Suppl. Services	Caregiving Emergency Cash / Material Aid	Caring for Elderly & Child	1 Assistance is 1 Occurrence	<u>Elderly and Child</u> - An FCSP Supplemental Service that arranges for and provides assistance to caregivers in the form of commodities, surplus food, emergency cash, transit passes, meals, and vouchers that will help meet identified needs associated with an individual caregiver's responsibilities.
Access Assist.	Caregiver Outreach	Caring for Elderly & Child	1 Contact	<u>Elderly and Child</u> - An FCSP Access Assistance service involving interventions (one-on-one contacts with individuals) initiated by an agency or provider for the purpose of identifying caregivers and encouraging their use of existing caregiver support services (e.g., Caregiver InfoVan staff contacts outside of local market).
Access Assist.	Caregiving Information and Assistance	Caring for Elderly & Child	1 Contact	<u>Elderly and Child</u> - An FCSP Access Assistances service that: (A) provides caregivers with information on services available within the communities, including caregiving information related to assistive technology and caring for older individuals at risk for institutional placement; (B) links caregivers to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures (caregiver may remain anonymous and refuse follow-up contact).
Access Assist.	Caregiver Interpretation / Translation	Caring for Elderly & Child	1 Contact	<u>Elderly and Child</u> - An FCSP Access Assistance Service for the provision of bilingual communication assistance to a caregiver in order to access assistance and receive support for his or her caregiving responsibilities (e.g., staff interpreting dialogue between caregiver and care consultant staff translating an elder's prescription drug label for his caregiver).
Access Assist.	Caregiver Legal Resources	Caring for Elderly	1 Contact	<u>Elderly and Child</u> - An FCSP Access Assistance Service involving one-to-one guidance provided by an attorney (or person

FSCP Category	Service Category	Eligible Pop.	Unit Measure	Definition
		& Child		under the supervision of an attorney) in the use of legal resources and services when assisting a caregiver with caregiving-related legal issues.
Info Services	Public Information on Caregiving	Caring for Elderly & Child	1 Activity	<u>Elderly and Child</u> - An FCSP Information Service designed to provide information about available FCSP and other caregiver support resources and services by disseminating publications, conducting media campaigns, and maintaining electronic information systems (e.g., quarterly newsletter).
Info Services	Community Education on Caregiving	Caring for Elderly & Child	1 Activity	<u>Elderly and Child</u> - An FCSP Information Service designed to educate groups of current or potential caregivers and those who may provide them with assistance about available FCSP and other caregiver support resources and services (e.g., booth at a health fair).

Ventura County Area Agency on Aging  
**Title III E Family Caregiver Support Program Eligibility Assessment Form**

<b>AGENCY or GRANTEE NAME:</b>		<b>DATE:</b>	
<b>CAREGIVER NAME:</b>		<b>CARE RECEIVER NAME:</b>	

**Determine eligibility for Title III E FCSP services by completing the applicable sections below. Completion of form is required if Care Receiver is under age 60 AND FCSP Supplemental, Support and/or Respite Services may/will be provided to Caregiver.**

<b>CAREGIVER - CARING FOR ELDERLY:</b>		<b>YES</b>	<b>NO</b>		
<b>1</b>	Is Caregiver paid by any entity including In-Home Support Services to provide services for Care Receiver?			If yes, STOP; Caregiver is NOT eligible to receive FCSP services.	
<b>2</b>	Is the Caregiver aged 18 or older and providing unpaid informal in-home or community care for a Care Receiver aged 60 or older?			If yes, STOP; Caregiver IS eligible to receive FCSP services. If no, go to Question 3.	
<b>3</b>	Is the Caregiver aged 18 or older providing unpaid informal in-home or community care for a Care Receiver aged 19 to 59 years?			If yes, go to Question 4. If no, go to <i>Caregiver-Caring for Child</i> section below.	
<b>4</b>	Does the Care Receiver, aged 19 to 59, have one or more disabilities?			If yes, go to Question 4. If no, STOP; Caregiver is <u>not</u> eligible to receive FCSP services.	
<b>5</b>	Please review the list below and indicate if Care Receiver (age 19 to 59) has any of the below listed disabilities. Check (✓) all that apply.			<b>YES*</b>	<b>NO**</b>
	• Alzheimer's Disease or related disorder with neurological and organic brain dysfunction; vascular or mixed dementia; Lewy Body Disease; or Pick's Disease/ front temporal dementia				
	• Mild cognitive impairment ( <i>excludes</i> individuals with developmental disabilities)				
	• Parkinson's Disease, Huntington's Disease or Multiple Sclerosis				
	• Normal pressure hydrocephalus				
	• Traumatic brain injury (e.g., bleeding into brain or space around brain; a blood clot pressuring brain; or concussion)				
	• Creutzfeldt-Jakob disease ("Mad Cow" disease)				
	• Wernicke Korsakoff syndrome / alcoholic encephalopathy				
<b>* If ANY box in this section is checked YES, the Caregiver <u>is</u> eligible to receive FCSP services.</b> <b>**If ALL boxes in this section are checked NO, Caregiver is <u>not</u> eligible to receive FCSP services.</b>					

<b>CAREGIVER - CARING FOR CHILD:</b>		<b>YES*</b>	<b>NO**</b>
<b>1</b>	Is the Care Receiver aged 18 or younger?		
<b>2</b>	Is the Caregiver aged 55 or older AND does the Care Receiver (child) <i>live with</i> the Caregiver?		
<b>3</b>	Is the Caregiver a grandparent, step-grandparent or other older relative of the Care Receiver (child) by blood, marriage or adoption?		
<b>4</b>	Is the Caregiver serving as the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child?		
<b>5</b>	Does the caregiver have a legal relationship to the child (such as legal custody or guardianship) <u>or</u> is Caregiver raising the child informally?		
<b>* If ALL boxes in this section are checked YES, the Care Receiver <u>is</u> eligible to FCSP receive services.</b> <b>**If ANY box in this section is checked NO, the Caregiver is <u>not</u> eligible to receive FCSP services.</b>			

**Continued**

**TO AGENCY:**

Complete and follow directions in this section **IF** Caregiver meets the above criteria to receive FCSP services **AND** is serving a Care Receiver under the age of 60.

Please keep a file copy of this completed form in your Caregiver's file, **AND** attach a copy of the completed form to your next VCAAA Monthly Program Report. Thank you.

*I certify that to the best of my knowledge the Caregiver is eligible to receive Title III E FCSP services in the following category: (✓ only one):* ☐ Caregiver / Caring for Elderly ☐ Caregiver / Caring for Child

**Signature:** \_\_\_\_\_ (Agency's Representative)

GRANTEE:		DATE:				
CARE RECEIVER INFORMATION						
FIRST NAME:		LAST NAME:				
Street Address:						
City:	ZIP:		(Required)			
County – if <b>NOT</b> in Ventura County and in California:						
Birth Date:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other				
MARITAL STATUS: <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single (never married) <input type="checkbox"/> Widowed						
RACE - PLEASE CHOOSE (✓) ONE:						
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Declined to State		<input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian				
<input type="checkbox"/> Multiple Race <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> OTHER RACE – Includes Hispanic /Latino <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White						
ETHNICITY – CHOOSE ONE: <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino		Client lives alone? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Number of persons in client's household: _____		Client's preferred language if other than English: _____				
INDICATE CLIENT'S INCOME LEVEL (approximate):		COGNITIVE IMPAIRMENT:				
MARRIED: <input type="checkbox"/> At or below Federal Poverty Level (below \$14,710/yr) <input type="checkbox"/> Above Federal Poverty Level (\$14,710 or more/yr)		SINGLE: <input type="checkbox"/> At or below Federal Poverty Level (at or below \$10,890/yr) <input type="checkbox"/> Above Federal Poverty Level (\$10,890 or more/yr)				
<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe						
ACTIVITIES (ADLS) & INSTRUMENTAL ACTIVITIES (IADLS) OF DAILY LIVING (ADL'S)						
→ PLEASE CHECK (✓) ONE OF THE COLUMNS FOR EACH ACTIVITY ←						
	TYPE OF ASSISTANCE NEEDED TO PERFORM TASK→	1- INDEPENDENT Needs No Help	2- VERBAL ASSISTANCE Needs verbal reminders	3 – SOME HUMAN HELP	4 – LOTS OF HUMAN HELP	5 – DEPENDENT Cannot perform task; relies on others
ADLS	Eating					
	Dressing					
	Transferring					
	Bathing					
	Toileting					
	Grooming					
	Walking					
IADLS	Light Housework					
	Doing Laundry					
	Shopping/Errands					
	Meal Prep/Cleanup					
	Transportation					
	Using Telephone					
	Managing Medications					
	Managing Money					
	Stair Climbing					
	Heavy Housework					

**VCAAA Family Care Receiver-Caregiver Intake Form FY 2013-14**

**CARE RECEIVER'S LIVING ARRANGEMENT:**

- ☐ **Alone** in his/her home, apartment or mobile home  
☐ In a board and care home, group home, assisted living facility, residential care facility (RCFE)  
☐ Nursing home (SNF) ☐ Retirement community  
☐ In the home of another family member or friend  
☐ Other ☐ Unknown ☐ With spouse or partner ☐ **With you (caregiver)**

**CAREGIVER'S INFORMATION**

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**County – if **NOT** in Ventura County and in California:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Gender:** ☐ Female ☐ Male ☐ Other

**MARITAL STATUS:**

- ☐ Divorced ☐ Domestic Partner ☐ Married ☐ Separated ☐ Single (never married) ☐ Widowed

**RACE - PLEASE CHOOSE (✓) ONE:**

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Filipino  | <input type="checkbox"/> Multiple Race                          |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Other Pacific Islander                 |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hawaiian  | <input type="checkbox"/> OTHER RACE – Includes Hispanic /Latino |
| <input type="checkbox"/> Cambodian                        | <input type="checkbox"/> Japanese  | <input type="checkbox"/> Samoan                                 |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Korean    | <input type="checkbox"/> Vietnamese                             |
| <input type="checkbox"/> Declined to State                | <input type="checkbox"/> Laotian   | <input type="checkbox"/> White                                  |

**ETHNICITY – CHOOSE ONE:**

- ☐ Not Hispanic/Latino  
☐ Hispanic/Latino

**Client lives alone?**

- ☐ Yes ☐ No

**Number of persons in client's household:** \_\_\_\_\_

**Client's preferred language if other than English:** \_\_\_\_\_

**INDICATE CLIENT'S INCOME LEVEL (approximate):**

**MARRIED:**

- ☐ At or below Federal Poverty Level (below \$14,710/yr)  
☐ Above Federal Poverty Level (\$14,710 or more/yr)  
☐ Declined to state

**SINGLE:**

- ☐ At or below Federal Poverty Level (below \$10,890 yr)  
☐ Above Federal Poverty Level (\$10,890 or more/yr)  
☐ Declined to state

**Caregivers' E-mail Address:**  
(Optional)

**CAREGIVER'S RELATIONSHIP WITH CARE RECEIVER:** ☐ Daughter ☐ Daughter-in-law

- ☐ Declined ☐ Domestic partner ☐ Grandparent ☐ Husband ☐ Non-Relative  
☐ Other Relative ☐ Parent ☐ Son ☐ Son-in-law ☐ Wife

**CAREGIVER'S EMPLOYMENT:**

- ☐ Full-time – 35 or more hours per week  
☐ Not employed  
☐ Retired  
☐ Part-time – less than 35 hours per week ☐ On leave of absence

Continued



<p><b><u>CARE RECEIVER</u> NUTRITION RISK - Please check ALL that apply:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Has an illness/ condition that changes the kind/amount of food he/she eats.</li> <li><input type="checkbox"/> Eats fewer than two (2) meals per day.</li> <li><input type="checkbox"/> Eats few fruits or vegetables or milk products</li> <li><input type="checkbox"/> Has three (3) or more servings of beer, liquor, or wine every day.</li> <li><input type="checkbox"/> Has dental or mouth problems that make it hard to eat.</li> <li><input type="checkbox"/> Does not always have enough money to buy the food he/she needs.</li> <li><input type="checkbox"/> Eats alone most of the time.</li> <li><input type="checkbox"/> Takes three (3) or more prescribed or over the counter drugs a day.</li> <li><input type="checkbox"/> Has lost/gained ten (10) pounds in the last six (6) months.</li> <li><input type="checkbox"/> Is not always physically able to shop, cook, and/ or feed myself.</li> </ul>	<p><b>Is CAREGIVER</b> experiencing diminished capacities due to mental impairment, temporary severe stress or mental impairment?</p> <p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No*</b></p> <p><i>If NO, caregiver is NOT eligible to receive VCAAA grant funded case management services.</i></p>
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07192013CV

**VCAAA DISASTER KITS**  
**TO RECEIVE A KIT YOU MUST BE 60 YEARS OF AGE OR OLDER**

There is no charge for services, however, donations are accepted. You will not be denied services if you choose not to donate. Please call (805) 477-7311 to donate.

Name : _____ Address: _____ City & Zip: _____	Phone: _____ Birth Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
<b>Additional Information</b>			
<b>Marital Status:</b> <input type="checkbox"/> Declined to State <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Missing <input type="checkbox"/> Separated <input type="checkbox"/> Single (never married) <input type="checkbox"/> Widowed			
<b>Race - Please choose one</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> American Indian or Alaska Native  <input type="checkbox"/> Asian Indian  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Cambodian  <input type="checkbox"/> Chinese  <input type="checkbox"/> Declined to State  <input type="checkbox"/> Filipino  <input type="checkbox"/> Guamanian  <input type="checkbox"/> Hawaiian  <input type="checkbox"/> Japanese         </div> <div style="width: 50%;"> <input type="checkbox"/> Korean  <input type="checkbox"/> Laotian  <input type="checkbox"/> Missing  <input type="checkbox"/> Multiple Race  <input type="checkbox"/> Other Asian  <input type="checkbox"/> Other Pacific Islander  <input type="checkbox"/> Other Race (includes Hispanic/Latino)  <input type="checkbox"/> Samoan  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> White         </div> </div>	<b>Ethnicity:</b> <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <hr/> Number of people that live in your house? _____ <hr/> Are you a female head of house? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Are you diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Do you require a low-sodium meal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Please indicate your annual income level:</b> <div style="display: flex;"> <div style="width: 50%;"> <u>Married</u>  <input type="checkbox"/> Below \$14,570 (at or below 100% FPL)  <input type="checkbox"/> \$14,571 or more  <input type="checkbox"/> Declined to state         </div> <div style="width: 50%;"> <u>Single</u>  <input type="checkbox"/> Below \$10,830 (at or below 100% FPL)  <input type="checkbox"/> \$10,831 or more  <input type="checkbox"/> Declined to state         </div> </div>	Emergency contact name and phone number: _____ _____		
<b>Do you want to be included in the County's Voluntary Disaster Registry?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Degree of Contact Necessary (check only one): <input type="checkbox"/> A - Critical, the person must be moved with the assistance of an Ambulance or other emergency vehicle. <input type="checkbox"/> B - Urgent, personal contact is required to assist this person. <input type="checkbox"/> C - Moderate, a phone call is all that is required. <input type="checkbox"/> Z - Contact by Emergency Staff not needed. Person is not to be contacted.			
<b>If yes, please complete the following to describe your situation:</b> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> A – Deaf  <input type="checkbox"/> B – Blind  <input type="checkbox"/> C – Bed Bound  <input type="checkbox"/> D – Wheelchair  <input type="checkbox"/> E – Mental Disability  <input type="checkbox"/> Z – No Impairment         </td> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> A - Respirator  <input type="checkbox"/> B - Oxygen  <input type="checkbox"/> C - Insulin  <input type="checkbox"/> D - Life Support Medications  <input type="checkbox"/> E - Dialysis  <input type="checkbox"/> F – Bowel or Bladder Issues  <input type="checkbox"/> G – Nasal/Gastro Tubes/Suctions  <input type="checkbox"/> Z – No Special Needs         </td> </tr> </table>		<input type="checkbox"/> A – Deaf <input type="checkbox"/> B – Blind <input type="checkbox"/> C – Bed Bound <input type="checkbox"/> D – Wheelchair <input type="checkbox"/> E – Mental Disability <input type="checkbox"/> Z – No Impairment	<input type="checkbox"/> A - Respirator <input type="checkbox"/> B - Oxygen <input type="checkbox"/> C - Insulin <input type="checkbox"/> D - Life Support Medications <input type="checkbox"/> E - Dialysis <input type="checkbox"/> F – Bowel or Bladder Issues <input type="checkbox"/> G – Nasal/Gastro Tubes/Suctions <input type="checkbox"/> Z – No Special Needs
<input type="checkbox"/> A – Deaf <input type="checkbox"/> B – Blind <input type="checkbox"/> C – Bed Bound <input type="checkbox"/> D – Wheelchair <input type="checkbox"/> E – Mental Disability <input type="checkbox"/> Z – No Impairment	<input type="checkbox"/> A - Respirator <input type="checkbox"/> B - Oxygen <input type="checkbox"/> C - Insulin <input type="checkbox"/> D - Life Support Medications <input type="checkbox"/> E - Dialysis <input type="checkbox"/> F – Bowel or Bladder Issues <input type="checkbox"/> G – Nasal/Gastro Tubes/Suctions <input type="checkbox"/> Z – No Special Needs		

\*\*\*Note – all information provided is confidential\*\*\*