Nevada Care Connection

Date of Intake completed: _____

Caregiver Intake

Name:		☐ Male ☐ Female
Date of Birth:	**Phone:** ( )	**Email:**
Physical Address:		**Mailing Address:**

Person in your care Information

Person in your Care: Name: **Enrolled w/ ADRC:** ☐ Yes ☐ No

Age Range: ☐ 0-3 ☐ 4-17 ☐ 18-24 ☐ 25-39 ☐ 40-64 ☐ 65 and older	**Veteran Status:** ☐ None ☐ Veteran ☐ Disabled Veteran ☐ Veteran Dependent
Gender: ☐ Female ☐ Male	**Ethnicity:** ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Does he/she have a diagnosed dementia (i.e. Alzheimer's, dementia, Vascular dementia, etc.)? ☐ Yes ☐ No

Specify diagnosis:

If yes, what stage of dementia? ☐ *Early* ☐ *Mild/Middle* ☐ *Severe* ☐ *Unknown*

If no, are you concerned about dementia or a memory impairment? ☐ *Yes* ☐ *No*

Caregiving Information

Please select the choice that best reflects caregiver's role.

☐ Yes, provides *care regularly*. (Refer to respite)
☐ Yes, provides assistance *occasionally*, *or as requested*. (Refer to respite)
☐ No, does not provide support at a distance, due to not being physically present to provide assistance.
☐ No, does not personally provided any assistance, but knows he/she has a need for some support.
☐ No, does not personally provided any assistance, but has an increasing concern about his/her ability to manage things without help.
☐ No, currently does not provide any type of direct care, support, or assistance.
☐ None of the above. Statement (optional):

How long have you been giving extra care and assistance to the person identified above? Give an approximate length of time.

☐ Initial Request ☐ < 1 year ☐ 1-5 years ☐ 6-10 years ☐ > 10 years

How has giving care or assistance impacted your life? Please select all statements that apply to caregiver.

☐ The care recipient is now living in my home, so I can provide care.
☐ I now live in the care recipient's home, so I can provide care.
☐ I often or regularly go to the care recipient's home to provide care, as I do not live with the care recipient.
☐ I live in rural or frontier areas of Nevada where resources are limited.
☐ I am providing support at a distance, so it's difficult to arrange.
☐ I have taken leave from work or reduced hours at work to meet their needs or provide care.
☐ I have felt worried, anxious or depressed since I began to provide care or support.
☐ The demands of care giving are increasing, and I am struggling to meet them.
☐ The care recipient cannot be safely left alone for extended periods of time.
☐ Other (explain):

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What tasks do you perform as a caregiver? Select all that apply.

- ☐ Transportation
- ☐ Personal Care
- ☐ Financial Management/Assistance
- ☐ Other, please specify: _____
- ☐ Shopping
- ☐ Medical (medication administration, etc.)
- ☐ Overall Management

Are you providing care to more than one person? (i.e. children, grandchildren, and/or other adults?) ☐ Yes ☐ No

If yes, give the ages of all the people you provide care to:

☐ 0-3 ___ ☐ 4-17 ___ ☐ 18-24 ___ ☐ 25-39 ___ ☐ 40-64 ___ ☐ > 65 ___

Caregiver Burden Interview

Do you feel…?	**Never (0)**	**Rarely (1)**	**Sometimes (2)**	**Quite Frequently (3)**	**Nearly Always (4)**
That because of your time you spend with your relative that you don't have enough time for yourself?					
Stressed between caring for your relative and trying to meet other responsibilities (work/family)?					
Angry when you are around your relative?					
That your relative currently affects your relationship with family members or friends in a negative way?					
That your health has suffered because of your involvement with your relative?					
That you don't have as much privacy as you would like because of your relative?					
That your social life has suffered because you are caring for your relative?					
That you have lost control of your life since your relative's illness?					
Uncertain about what to do about your relative?					
You should be doing more for your relative?					
You could do a better job in caring for your relative?					

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Caregiver Needs

What specific concerns do you have about caregiving?

_____

Thinking of your own needs, what would help the most? (select all that apply)

- ☐ Good information about resources and services available.
- ☐ Advice from other caregivers, gathered from their experiences.
- ☐ Regular or temporary breaks from care giving role.
- ☐ Extra assistance or help so you can provide the care needed.
- ☐ Training so you can provide better care.
- ☐ Strategies to make your care giving easier.
- ☐ Other (please specify): _____

How likely would YOU be to use Respite?

- ☐ Extremely likely
- ☐ Very likely
- ☐ Moderately likely
- ☐ Slightly likely
- ☐ Not at all likely

If not likely, why not? _____

Caregiver Demographics

Ethnicity:

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Non-Latino

Household Income: _____

- ☐ Below Poverty ☐ Above Poverty
- ☐ Below 300% SSI ☐ Above 300% SSI

Race:

- ☐ White, Caucasian
- ☐ American Indian/Alaskan
- ☐ Native Hawaiian or Pacific Islander
- ☐ Asian
- ☐ Black/ African American
- ☐ Hispanic
- ☐ Other

Do you live alone?	☐ Yes	☐ No
Are you disabled?	☐ Yes	☐ No
Are you frail?	☐ Yes	☐ No
Are you homebound?	☐ Yes	☐ No
Are you employed?	☐ Yes	☐ No
# Hours Per Week		

Activities of Daily Living (ADLS)
Without assistance, I am unable to:

- ☐ Bathe
- ☐ Eat
- ☐ Walk
- ☐ *N/A - I can perform all*
- ☐ Get Dressed
- ☐ Use the Bathroom
- ☐ Transfer In or Out of a Bed or Chair

Instrumental Activities of Daily Living (IADLS)
Without assistance, I am unable to:

- ☐ Prepare Meals
- ☐ Take Medication
- ☐ Manage Money
- ☐ Shop
- ☐ *N/A - I can perform all*
- ☐ Do Light Housework
- ☐ Do Heavy Housework
- ☐ Use the Telephone
- ☐ Use Transportation Services

Have you served in the U.S. military? ☐ Yes ☐ No

Intake Notes & Referrals Made

☐ Care Consultation (ongoing caregiver support)	☐ Emergency Respite Voucher
☐ CarePro (Alz caregiver skills building)	☐ Respite (provider:)
☐ EPIC (early stage Alz education and training)	☐ Caregiver Training (REST, Online, etc)
☐ CDSME (provider:)	☐ Other, specify:

Notes:	**Resource Center Care Manager:**