Appendix D: Supplemental Assessment Form

Caregiver Assessment

Please complete the Caregiver Assessment with the member's natural support who are providing care to the member. This excludes paid caregivers. Assessor should conduct one assessment per caregiver.

Caregiver Demographics					
Caregiver Full Name:					
Caregiver Sex:	☐ Male	☐ Female	Caregiver Date of Birth:		
Caregiver Relationship to individual:	☐ Wife ☐ Son / In-law	☐ Husband ☐ Daughter / In-law	☐ Partner ☐ Other relative	☐ Parent ☐ Other Non-relative	
Caregiver Address:					
City:		State:		Zip:	
Caregiver Primary Phone Number:		Alternative Phone Number:			
Do you currently have anyone to assist you with providing care?				☐ Yes	☐ No

Caregiver Questionnaire			
Do you work outside the home?	☐ Yes ☐ No	If Yes:	Schedule:
Do go to school outside the home?	☐ Yes ☐ No	If Yes:	Schedule:
Do you have other responsibilities outside the home?	☐ Yes ☐ No	If Yes:	Please describe other responsibilities: Schedule:
Do you currently provide care for this client?		☐ Yes ☐ No	
If Yes, describe the care you are providing and the number of hours for each service provided:			
How many hours per week do you currently spend providing care for the client?			
How long have you been providing care for this client?	☐ Less than 6 months ☐ 1 to 2 years	☐ 6 to 12 months ☐ 2 or more years	☐ NA
Do you need training or assistance in performing caregiving tasks?		☐ Yes ☐ No	
In your opinion, how long can the client be left alone safely?			
Do you experience mental or emotional strain as a result of your responsibility to provide care for the client?	☐ Yes	☐ No	
If Yes, please describe the emotion strain you experience:			

Considering other aspects of your life, please rate the level of difficulty in your:					
Relationship with individual:	☐ No Difficulty	☐ Little Difficulty	☐ Some Difficulty	☐ Moderate Difficulty	☐ A lot Difficulty
Relationship with family:	☐ No Difficulty	☐ Little Difficulty	☐ Some Difficulty	☐ Moderate Difficulty	☐ A lot Difficulty
Relationships with friends:	☐ No Difficulty	☐ Little Difficulty	☐ Some Difficulty	☐ Moderate Difficulty	☐ A lot Difficulty
Physical Health	☐ No	☐ Little	☐ Some	☐ Moderate	☐ A lot

Member Name: ______________________ Member ID Number: __________

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	Difficulty	Difficulty	Difficulty	Difficulty	Difficulty
Finances:	☐ No Difficulty	☐ Little Difficulty	☐ Some Difficulty	☐ Moderate Difficulty	☐ A lot Difficulty
Functional Abilities:	☐ No Difficulty	☐ Little Difficulty	☐ Some Difficulty	☐ Moderate Difficulty	☐ A lot Difficulty
Employment:	☐ No Difficulty	☐ Little Difficulty	☐ Some Difficulty	☐ Moderate Difficulty	☐ A lot Difficulty
Time for yourself to do the things you enjoy:	☐ No Difficulty	☐ Little Difficulty	☐ Some Difficulty	☐ Moderate Difficulty	☐ A lot Difficulty
Other responsibilities such as caring for children / other family members, going to school, religious or social activities, etc.:	☐ No Difficulty	☐ Little Difficulty	☐ Some Difficulty	☐ Moderate Difficulty	☐ A lot Difficulty
Are you willing to provide or continue to provide care or services to the client?	☐ Willing to provide More Care	☐ Willing to provide Same Care	☐ Willing to provide Less Care	☐ Unable to provide any care	
How confident are you that you will have the ability to provide or continue to provide care?		☐ Very confident	☐ Somewhat confident	☐ Not very confident	
If not confident, what is the main reason you may be unable to continue to provide care?					
How many hours per week do you think you could reasonable provide going forward?					

Assessor Information

Is the caregiver in crisis?	☐ Yes	☐ No	If yes, check all that apply:	☐ Financial	☐ Emotional	☐ Physical
Assessor Name:				Date of Caregiver Assessment:		