

Form 5 - Consumer Registration Form

Registration: New Update NFCSP/Statewide Respite
(Caregivers complete sections I, II, IV, V, VIa, VIIb, IX) Includes Service Data
(Complete section IX)

I. SAMS Details - Personal

a.) Consumer Name	First: _____	Last: _____	
b.) Date	/ /		
c.) Marital Status	<input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Union <input type="checkbox"/> Unknown		
d.) Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male		
e.) Birth Date	/ /	f.) SSN (Social Security):	000 - 00 - _____
g.) Default Agency	_____		

II. SAMS Details - Residential Address

a.) Street 1	_____		
b.) Street 2	_____	c.) County:	_____
d.) Town, Zip Code	Town: _____	State (if not CT): _____	Zip Code: _____

III. SAMS Details - Characteristics

a.) Cognitive Impairment	Has Alzheimer's disease or a related dementia. <input type="checkbox"/> Yes (mild) <input type="checkbox"/> No (none) <input type="checkbox"/> Unknown		
b.) Meal Eligibility Type	<input type="checkbox"/> Age 60 and Older <input type="checkbox"/> Disabled in Elderly Housing <input type="checkbox"/> Helper/Spouse <input type="checkbox"/> Not Indicated <input type="checkbox"/> Other <input type="checkbox"/> Tribal Specification <input type="checkbox"/> Volunteer		

IV. SAMS Details - Care Enrollment/Provider

a.) Care Enrollment	Level of Care: _____	Service/Care Program: _____
b.) Provider Name	_____	

V. SAMS Details - Caregiver/Care Recipient (only for NFCSP and CT Statewide Respite Care)

a.) Care Status	<input type="checkbox"/> Care Recipient	Name of Caregiver: _____
	<input type="checkbox"/> Caregiver	Name of Care Recipient: _____
b.) Relationship	<input type="checkbox"/> Daughter <input type="checkbox"/> Daughter-in-Law <input type="checkbox"/> Grandparent <input type="checkbox"/> Husband <input type="checkbox"/> Non-Relative <input type="checkbox"/> Other Elderly Non-Relative <input type="checkbox"/> Other Elderly Relative <input type="checkbox"/> Other Relative <input type="checkbox"/> Relationship Missing <input type="checkbox"/> Son <input type="checkbox"/> Son-in-Law <input type="checkbox"/> Wife	

VI. Assessment Form - Demographics

a.) Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unknown		
b.) Race <small>(check all that apply)</small>	<input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Missing <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Non-Minority, White Non-Hispanic <input type="checkbox"/> Other <input type="checkbox"/> White, Hispanic		
c.) Housing	<input type="checkbox"/> Private Home <input type="checkbox"/> Private Apartment <input type="checkbox"/> Senior Housing <input type="checkbox"/> Congregate Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> Residential Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown		

(Refer to Reverse Side +
PLEASE SIGN NAME)

VI. Assessment Form - Demographics (Continued)

d.) **Income**
(1/24/2006)

I live alone and my monthly income is about:

- Under \$817 (100%)
 \$818 - \$1,021 (125%)
 \$1,022 - \$1,225 (150%)
 \$1,226 - \$1,429 (175%)
 \$1,430 - \$1,633 (200%)
 \$1,634 or over (over 200%)
 Unknown

I live with my spouse and our monthly income is about:

- Under \$1,100 (100%)
 \$1,101 - \$1,375 (125%)
 \$1,376 - \$1,650 (150%)
 \$1,651 - \$1,925 (175%)
 \$1,926 - \$2,200 (200%)
 \$2,201 or over (over 200%)
 Unknown

e.) **In Poverty**

- Yes
 No
 Unknown

f.) **Living Arrangements**

- Alone
 With Spouse/Partner
 With Spouse and Child/Children
 With Child, No Spouse
 With Other Relatives
 With Others
 Unknown

VII. Assessment Form - Functional Status

a.) **ADL/IADL**

I need help with these activities

On each line enter:
Y for yes,
N for no, or
U for unknown

- Eating
 Dressing
 Bathing/Washing
 Using the Toilet
 Getting Out of Bed/Chair
 Walking
 Planning/Preparing Meals
 Shopping
 Managing Money
 Using the Telephone
 Heavy Housework
 Light Housework
 Taking Medicine
 Using Transportation

VIII. Assessment Form - Nutrition

a.) **Nutritional Risk**

For Consumers
Receiving:
case management
congregate meals
home-delivered meals
nutrition counseling

Yes No Unknown

- I have an illness or condition that made me change the kind or amount of food I eat. (2)
 I eat fewer than 2 meals per day. (3)
 I eat fewer than 5 fruits and vegetables per day. (1)
 I eat fewer than 2 servings of milk, cheese or yogurt each day. (1)
 I have problems chewing/swallowing that make it hard for me to eat. (2)
 I do not always have enough money or food stamps to buy the food I need. (4)
 I take 3 or more different prescription or over-the-counter drugs each day. (1)
 I eat alone most of the time. (1)
 I have 3 or more drinks of beer, liquor or wine almost every day. (2)
 Without wanting to, I have lost or gained 10 pounds in the last 6 months. (2)
 I am not always physically able to shop, cook or feed myself. (2)

IX. Service Delivery

a.) Site Name (if applicable): _____

b.) Service Category (if applicable)

c.) Service (sub-service)

d.) Fund Identifier

e.) Number of Units

_____	/	_____	/	_____	/	_____
_____	/	_____	/	_____	/	_____
_____	/	_____	/	_____	/	_____
_____	/	_____	/	_____	/	_____

The confidential information on this form may be used for state, federal and local monitoring, including reporting requirements, program management, public safety and research. The personal identifying information on this form will not be further disclosed or used for any other purpose unless by court order or authorized by the program participant or consumer, or his or her personal representative.

Consumer Signature: _____