*Please fill out form as completely as possible.*

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| **CLIENT INFORMATION (PLEASE COMPLETE WITH FCSP CARE RECEIVER INFORMATION)** |
| **Action**Register**[ ]** DateClose **[ ]** DateChange/Add **[ ]** DateDeceased **[ ]** Date  |
| **Client’s Last Name First Middle** | **Prime or Case Number** (assign CaseNumber if no Prime)**\***  |
| **Social Security** | **Nickname** | **Birthdate** | **Client Email** |
| **Street Address Apt/Space No City State Zip** | **Phone Number**(     )       |
|  | **FOR FEDERAL REPORTING** |  |
| **Origin** *Select as many as apply*[ ]  A [ ] B [ ] C [ ] D [ ]  E [ ]  F[ ]  G [ ]  H [ ]  I [ ]  J [ ]  K | **Gender**[ ] 1 [ ]  2[ ]  3 | **Ethnicity** *check one*[ ]  1 [ ]  2 [ ]  9 | **Race** [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  7 [ ]  8[ ]  9 | **Marital Status**[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6[ ]  9 | **Languages Spoken**     ,      **Language Read**      **Living Situation**       |
| **Number in Household**       | **Monthly Household Income**      | **Income Sources *use all codes on reverse that apply***                              |
| **FAMILY CAREGIVER****INFORMATION** | (Please Indicate Care Receiver’s Name, Prime or Case Number, gender, birthdate, ethnicity, and race above. ) |
| **Action**Register **[ ]** DateClose **[ ]** DateChange/Add **[ ]** DateDeceased **[ ]** Date  |
| **Caregiver’s Last Name First Middle** | **Prime or Case Number** (assign CaseNumber if no Prime)**\*** |
| **Social Security** | **Nickname** | **Birthdate** | **Caregiver Email** |
| **Street Address Apt/Space No City State Zip** | **Phone Number**(     )       |
|  | **FOR FEDERAL REPORTING** |  |
| **Origin** *Select as many as apply*[ ]  A [ ] B [ ] C [ ] D [ ]  E [ ]  F[ ]  G [ ]  H [ ]  I [ ]  J [ ]  K | **Gender**[ ] 1 [ ]  2[ ]  3 | **Ethnicity** *check one*[ ]  1 [ ]  2 [ ]  9 | **Race** [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  7 [ ]  8 [ ]  9 | **Marital Status**[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6[ ]  9 | **Languages Spoken**     ,      **Language Read**      **Living Situation**       |
| **Number in Household**       | **Monthly Household Income**      | **Income Sources *use all codes on reverse that apply***                              |
| **Caregiver Relationship to Care Receiver** [ ]  **1** [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  9 | **Grandparents and Other ElderlyCaregivers Relationship** [ ]  1 [ ]  2 [ ]  9 | **How many children under age 18 are you caring for**  |
| **AGENCY AND SERVICE INFORMATION (PLEASE FILL OUT COMPLETELY)** |
| **REGISTRY AGENCY** (Use codes on reverse)Org/Site       Staff/Load Code       Affiliate Agencies (other sites client is receiving services)       |
| **REGISTRATION** (*Check all that apply. DO NOT complete for Case Management (OAA, OPI, Incomplete Assessment or MPI)).*[ ]  Family Caregiver Case [ ] Grandparent Support Group (G9) [ ]  Ethnic Meals (4)Management (34) [ ]  Grandparent Training (GP) [ ]  Transportation: Immediate, Bus Tickets[ ]  FCSP Support Group (9G) [ ]  Ethnic Minority Outreach and and passes[ ]  FCSP Training (9F) Assistance (3M)[ ]  STAR-Caregiver (3S) [ ]  CMA Volunteer (3V) [ ]  Other Needs/Comments[ ]  CMA Employee (3C) \*If client entered in Oregon Access a Prime Number has been assigned, if not, assign client a temporary 8 character long Case Number, example: ***XX-0001.*** |

*FORM CODES*

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| **ORGANIZATION/SITE** |
| AA = ADVSD Central Office**District Centers:**EC = East DCME = IRCO Mid DCNE = Hollywood Senior Center – N/NE DCNH = Neighborhood House – West DCPT = Impact NW – SE DC | **Enhancing Equity**AF = African American Health Coalition NR = NARA AS = Asian Health and Service Center NY = NAYAGG = Friendly House/SAGE PH = Catholic Charities/El Programa HispanoIN = Impact NW UR = Urban League IR = IRCO  |
| **FEDERAL** |  |
| GENDER1 = Male 2 = Female3 = Other | RACE1 = White/ Caucasian2 = Asian3 = Black/ African American4 = American Indian/ Alaska Native7 = Native Hawaiian/ Pacific Islander8 = Some Other Race 9 = Not Reported/ Unknown/Blank | MARITALSTATUS1 = Married2 = Widowed3 = Single / Never Married4 = Separated5 = Divorced6 = Domestic Partner9 = Not Reported/ Unknown/Blank | **ORIGIN**A=AfricanB=AsianC=Black/African AmericanD=Latino/HispanicE=Middle EasternF=Native American or Alaska NativeG=Native Hawaiian or Pacific IslanderH=SlavI=WhiteJ=Decline to AnswerK=Unknown | **CAREGIVER RELATIONSHIP TO CARE RECEIVER**1 = Husband2 = Wife3 = Son/Son-in-Law4 = Daughter/ Daughter-in-Law5 = Non-Relative6 = Other Relative9 = Not Reported/ Unknown/Blank |
| ETHNICITY1 = Hispanic orLatino2 = Not Hispanicor Latino 9 = Not Reported /Unknown/Blank |
| **GRANDPARENTS AND OTHER ELDERLY CAREGIVERS RELATIONSHIP** | **LIVING SITUATION** |
| AF = Adult Foster HomeAP = ApartmentFH = Relative Foster HomeGH = Group Care HomeHL = Homeless | LF = Assisted Living FacilityNF = Nursing Facility OH = HouseOT = Other | RB = Room and Board RF = Residential Care Facility SL = Specialized Living FacilityXX = Not Reported/ Unknown/Blank |
| 1 = Grandparents2 = Other Relative Elderly3 = Other Elderly Non-Relative9 = Not Reported/ Unknown/Blank |
| **INCOME TYPES** |
| EM = Present EmploymentOR = Other Retirement or PensionOT = Other | SB = Social Security BenefitsSD = Social Security Disability | SI = Supplement Security IncomeUC = Unemployment CompensationVA = Veterans Benefits |
| **LANGUAGE** |
| AE = Armenian AF = Afrikaans AG = Afghan AL = Albanian AM = AmharicAR = Arabic BA = Bantu BE = Bengali BN = Bosnian BU = Brumese CA = Cambodia CF = Creole French CH = Chamarro CO = Croatian CT = CantoneseCZ = Czech DA = Danish DU = Dutch EN = English ES = El Salvadorian Indian DialectFA = Farsi FC = French Creole Haitian FJ = Fijian FN = FinnishFR = French GA = Gaelic GE = German GR = Greek GT = Guatemalan Indian DialectGU = Gujarati HE = Hebrew HI = Hindi HL = Hearing Loss HM = Hmong HU = Hungarian IL = Ilocano IN = Indonesian IR = Iranian IT = Italian JA = JapaneseKN = Kannada KO = Korean KU = Kurdish LA = Laotian MA = Mandarin ME = Mexican Indian Dialect MI = Mien MN = Mayan MR = Marshallese MY = Malay(Malayan) NI = Native American Dialect NO = Norwegian OO = OromoPA = Pashto/Pashtu PE = Persian PL = Polish PO = Portuguese PU = Punjabi RO = Romanian RU = Russian SA = Samoan SE = Serbian SH = SwahiliSI = Sign Language SM = Somali SO = Serbo Croatian SP = Spanish SW = SwedishTA = Tagalog TC = Tao Chiew TG = Tigrinia TH = Thai TI = TigreTM = Tamil TN = Tongon TT = Tibetan TW = Taiwanese UR = UrduVI = Vietnamese WE = Welsh YI = Yiddish OT = Other  |