AAA-1244A FORFF (6-14)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Aging and Adult Services

CAREGIVER ASSESSMENT TOOL (CAT)

☐ PRE-SERVICE ☐ POST-SERVICE ☐ ENROLL ☐ CLOSE | ASSESSMENT DATE | DAARS ID NO.

PART I: INTAKE INFORMATION

A. Caregiver Profile

FIRST NAME	LAST NAME	M.I.	SOC. SEC. NO.	DATE OF BIRTH

PHONE NO. 1	PHONE NO. 2
☐ HOME ☐ WORK ☐ CELL ☐ FAX ☐ CAR ☐ OTHER	☐ HOME ☐ WORK ☐ CELL ☐ FAX ☐ CAR ☐ OTHER
HOME OR RESIDENCE ADDRESS *(No., Street, Apt. No., City, State, ZIP)*	MAILING ADDRESS *(P.O. Box, Street, City, State, ZIP)*
VALID DATES From To	VALID DATES From To
E-MAIL ADDRESS 1 ☐ OFFICE ☐ PERSONAL ☐ WORK	E-MAIL ADDRESS 2 ☐ OFFICE ☐ PERSONAL ☐ WORK

B. Demographics

ETHNICITY
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Declined to state

RACE
- ☐ Asian
- ☐ Black/African American
- ☐ Hawaiian Islander or other Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ White
- ☐ Other
- ☐ Declined to state

RELATIONSHIP STATUS
- ☐ Divorced
- ☐ Domestic partner
- ☐ Married
- ☐ Separated
- ☐ Single
- ☐ Widowed
- ☐ Declined to state

LANGUAGE
- ☐ English
- ☐ American Indian (w/Eng)
- ☐ American Indian (w/o Eng) *(specify)*:_____
- ☐ Spanish (w/Eng)
- ☐ Spanish (w/o Eng)
- ☐ Other *(specify)*: _____
- ☐ Declined to state

ENGLISH FLUENCY
- ☐ Fluent
- ☐ Limited
- ☐ Needs translation
- ☐ Declined to state

EDUCATION
- ☐ Grade school or less
- ☐ Some high school
- ☐ High school graduate
- ☐ Post high school
- ☐ College degree
- ☐ Declined to state

RESIDENCE TYPE
- ☐ Apartment
- ☐ Assisted living facility
- ☐ Board and care
- ☐ DD group home
- ☐ Foster care
- ☐ House
- ☐ Mobile
- ☐ Nursing home
- ☐ Other (specify): _____
- ☐ Declined to state

LIVING ARRANGEMENT
- ☐ N/A
- ☐ No pay
- ☐ Owns
- ☐ Rents
- ☐ Subsidized
- ☐ Declined to state

NUMBER IN HOUSEHOLD

HOUSEHOLD COMPOSITION
- ☐ Institutionalized
- ☐ Lives alone
- ☐ With domestic partner
- ☐ With non-relative(s)
- ☐ With other relative(s)
- ☐ With parent(s)
- ☐ With spouse
- ☐ Other *(specify)*: _____
- ☐ Declined to state

LENGTH OF TIME AT PRESENT ADDRESS

_____Years _____Months

URBAN/RURAL
- ☐ Rural
- ☐ Urban
- ☐ Declined to state

SEX / GENDER
- ☐ Female
- ☐ Male
- ☐ Unknown

TRANSGENDER *(optional)*
- ☐ Yes
- ☐ No
- ☐ Declined to state

SEXUAL ORIENTATION *(optional)*
- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual
- ☐ Lesbian
- ☐ Declined to state

VETERAN
- ☐ No
- ☐ Child
- ☐ Spouse
- ☐ Veteran
  Veteran #_____
- ☐ Declined to state

CAREGIVER'S NAME	DAARS ID#

PART II: ASSESSMENT

A. Caregiver/Care Recipient Information

Are you the primary unpaid caregiver of a family member or loved one? ☐ Yes ☐ No

CARE RECIPIENT'S NAME *(Last, First, M.I.)*	GENDER	DATE OF BIRTH	SOC. SEC. NO.
	☐ Female ☐ Male ☐ Unknown		

ADDRESS (No., Street, City, State, ZIP)

CARE RECIPIENT ELIGIBILITY CATEGORY	RELATIONSHIP OF CAREGIVER TO CARE RECIPIENT		LENGTH OF TIME PROVIDING CARE
☐ 60 and over	☐ Husband	☐ Son/Son-in-law	☐ Less than 1 year
☐ Alzheimer's disease	☐ Wife	☐ Grandparent	☐ 1-2 years
☐ Age 18 – 59 with a disability	☐ Domestic partner	☐ Other relative	☐ 3-5 years
☐ Kinship child under 19	☐ Daughter/Daughter-in-law	☐ Non-relative	☐ 6-10 years
			☐ 11 or more years

Does the caregiver reside with the care recipient? ☐ Yes ☐ No

B. Caregiver Status

MEDICAL STATUS	EMOTIONAL STATUS	MONTHLY INCOME
☐ Good	☐ Good	☐ $0 - $1,000
☐ Fair	☐ Fair	☐ $1,001 - $1,500
☐ Poor	☐ Poor	☐ $1,501 - $2,000
		☐ $2,001 - $2,500
		☐ $2,501 - Above
		☐ Not available

CONDITIONS AFFECTING CAREGIVER

☐ Alzheimer's or related dementia	☐ Cancer	☐ Diabetes
☐ Heart problems	☐ Paralysis/stroke	☐ Parkinson's disease
☐ Frailty due to aging	☐ Stress	☐ Anxiety
☐ Depression	☐ Physical disability/injury	☐ Other
☐ None		

C. Overall Assessment

Assessor, in your judgment, how well does existing caregiver(s) meet the needs of the client?	Assessor, in your judgment, do you expect the caregiver's ability to meet the client's needs to:	Assessor, in your judgment, what is the overall stress level for existing caregiver(s) in meeting the client's needs?
☐ Excellent	☐ Increase	☐ Low
☐ Adequate	☐ Remain same	☐ Moderate
☐ Inadequate	☐ Decrease slightly	☐ High
	☐ Decrease substantially	

D. Domain Assessment *(Respite Services Only)*

Instructions

This assessment is only required in conjunction with an authorization for respite services, but can be used in other situations as deemed appropriate by the case manager. The following statements may be helpful in preparing the caregiver for the assessment process:

- This caregiver assessment is required in situations where respite services are being authorized to allow you to take a break from your duties caring for your loved one. This assessment is done prior to you receiving respite services, and again after you have received services for a year. This is done to determine if and how your situation has changed since you enrolled, and to measure how the respite services may have impacted you and your loved one.
- For most of these questions, there is no right or wrong answer. You might even think some questions are odd or don't fit you or your situation. Please try to choose the best answer for you. We simply need your opinions, thoughts and feelings about each area we will cover, so please answer each question as honestly as possible.
- I want to thank you for taking the time to answer these questions. They help us provide and continue to improve our services. Your responses really do count!

CAREGIVER'S NAME	DAARS ID#

PART III: AUTHORIZATION

Authorization / Autorización

Select service(s) needed that is not authorized through the Area Agency on Aging. For each service selected, indicate whether the service is not available or if there is a wait list, if applicable. If none, select "None".

_____ I have received a copy of the Client Rights and Responsibilities and I certify by my signature or mark that I understand my rights and responsibilities, and that the information provided on this form, as it relates to my request and eligibility, is true and correct.

He recibido una copia del folleto, Derechos y Responsabilidades del Cliente y atestiguo por mi firma o marca que entiendo mis derechos y responsabilidades y que la información provista en este formulario como se relaciona a mi petición y mi elegibilidad es verdadera y correcta.

_____ The service plan has been discussed with me and I agree with the described services. I have received a copy of the grievance and appeals procedure, and I understand that if I disagree with any action taken in my case, I have the right to present a verbal or written request for a fair hearing.

Me han explicado el plan de servicios y estoy de acuerdo con los servicios descritos. He recibido una copia del procedimiento de quejas y entiendo que si no estoy de acuerdo con cualquiera acción tomado en mi caso, que yo tengo el derecho a presentar una solicitud verbal o por escrito de una audiencia imparcial.

_____ I was provided the opportunity to contribute voluntarily to the cost of services.

Se me proporcionó la oportunidad de contribuir de manera voluntaria al costo de los servicios.

_____ _____
Client's Signature or Mark / *Firma o marca del cliente* Date / *Fecha*

_____ _____ _____
Responsible Party's Signature / *Firma del parte responsable* Relationship / *Afinidad* Date / Fecha

_____ _____
Worker's Signature / *Firma del trabajador* Date / *Fecha*