

Caregiver Serving Children Program Registration

Please complete this form to the best of your ability. Shaded areas are for office use only.

Contact Date / /	Status	AAA Region	NAPIS ID Number - -
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Section A. Basic Demographics

Last Name:		First Name:		Middle Initial:
Lives in Rural Area (Circle one): <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified		Date of Birth: / /
Address:		Address #2:		
City:	State:	Zip Code:	County:	
Home Phone: ()	Mobile Phone: ()	Work Phone: ()		

Section B. Social History

Race (Circle one): <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White Hispanic <input type="checkbox"/> White not Hispanic <input type="checkbox"/> 2 or More Races <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other			Ethnicity (Circle one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic
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Section C. Care Receiver(s)

What is the name of care receiver #1?
(Last) _____ (First) _____ (Middle Initial) _____

What is the date of birth of care receiver #1? ____/____/____
If the care receiver is between 19-59 years old, does the care receiver have a disability? Yes No

What is your relationship to the care receiver #1? (Circle one)
Grandparent Other Elderly Relative Other Elderly Non-Relative

What is the name of care receiver #2?
(Last) _____ (First) _____ (Middle Initial) _____

What is the date of birth of care receiver #2? ____/____/____
If the care receiver is between 19-59 years old, does the care receiver have a disability? Yes No

What is your relationship to the care receiver #2? (Circle one)
Grandparent Other Elderly Relative Other Elderly Non-Relative

Section D. Use of Information

I understand that the information I am providing on this form is for registration purposes. The information will be used by the Area Agency on Aging and the Minnesota Board on Aging to create statistical reports and may be used by other service providers to help identify other services from which I may benefit. This information will not be released to anyone other than the above mentioned parties in a way that will identify me as an individual unless I sign a separate consent for that purpose.

Signature: _____ Today's Date: _____