

**NAPIS Intake Form for Caregivers - 5/2012** \_\_\_\_\_ **Date of the assessment** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Services: Caregiver Services, Adult Day Services, Personal Care)

**Caregiver's last name:** \_\_\_\_\_

**first name:** \_\_\_\_\_

**middle initial:** \_\_\_\_\_

**suffix:** \_\_\_\_\_

**Caregiver's telephone number** (\_\_\_\_ \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Caregiver's date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Caregiver's gender**    Male       Female

**Caregiver's mailing address or Post Office box:**

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**ZIP code:** \_\_\_\_\_

**Residential Address**    Same as Mailing Address

**Caregiver's residential city or township:** \_\_\_\_\_ (this may differ than the mailing address)

**Caregiver's race (check all that apply)**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native         | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Unavailable |
| <input type="checkbox"/> Black or African American                 |                                      |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |                                      |
| <input type="checkbox"/> White                                     |                                      |

**Caregiver's ethnicity**

- Hispanic or Latino  
 Not Hispanic or Latino  
 Unavailable

**Care Recipient Name and Date of Birth is only required for ADS and Personal Care Services\***

**\*Care recipient's last name:** \_\_\_\_\_

**\*Care recipient's first name:** \_\_\_\_\_

**\*Care recipient's date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Caregiver's relationship to the care recipient**

- Husband
- Wife
- Daughter/Daughter-in-law
- Son/Son-in-law
- Other Relative
- Other Elderly Relative
- Non-Relative
- Other – Elderly Non-Relative
- Grandparent
- Unavailable

**DISCLOSURE STATEMENT:**

All information obtained will be kept confidential and no personal identifying information about you will be released to the public unless otherwise required under federal law. The information will be entered into a secure database. Summarized data will be reported to the Administration on Aging in order to keep both state and federal legislators informed of the effectiveness of senior programs (as required by the Older Americans Act reauthorization). You may not be denied services for refusing to provide any of the information requested.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I have discussed / read/ explained the Disclosure Statement with the client.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date