

**NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM  
REGIONAL OFFICE REVIEW**

Instructions: Please complete all responses for your PSA. If any data are not available, please specify the reason for missing information (e.g. data forthcoming; data not collected; data not requested; data other, specify).

1. How many caregivers are served by the NFCSP through:

- a) **information?** \_\_\_\_\_
- b) **assistance?** \_\_\_\_\_
- c) **individual counseling?** \_\_\_\_\_
- d) **organization of support groups?** \_\_\_\_\_
- e) specify number of support groups. \_\_\_\_\_
- f) specify number of persons attending support groups. \_\_\_\_\_
- g) **caregiver training?** \_\_\_\_\_
- h) specify number of training sessions. \_\_\_\_\_
- i) specify number of persons attending training sessions. \_\_\_\_\_
- j) **respite care?** \_\_\_\_\_

Circle type or mode of respite service(s):

- j-1) adult day care
- j-2) in-home care
- j-3) other, specify

k) **supplemental services?**

Circle type or mode of supplemental service(s):

- k-1) home modifications
- k-2) assistive technologies
- k-3) emergency response systems
- k-4) equipment
- k-5) incontinence supplies
- k-6) transportation
- k-7) cash and counseling program
- k-8) voucher program
- k-9) other, please specify

2. What is the total number of persons served by the NFCSP in your PSA (all **bold** service categories above, combined)? \_\_\_\_
3. Are grandparent caregivers being served by the NFCSP in your PSA? \_\_\_\_Y  
\_\_\_\_N, If yes,
  - a) how many grandparent caregivers were served who were caring for persons 18 and under? (from December, 2001 to December, 2002) \_\_\_\_
  - b) how many grandparent caregivers were served who were caring for persons 18 and under with mental retardation or developmental disabilities? (from December, 2001 to December 2002) \_\_\_\_
4. Do you have a waiting list for NFCSP services in your PSA? \_\_\_\_Y \_\_\_\_N, If yes,
  - a) how is your wait list maintained?
  - b) how many persons are on waiting lists for NFCSP services? \_\_\_\_
    - a) are persons waiting for information? \_\_\_\_Y \_\_\_\_N
    - b) are persons waiting for assistance? \_\_\_\_Y \_\_\_\_N
    - c) are persons waiting for individual counseling? \_\_\_\_Y \_\_\_\_N
    - d) are persons waiting for organization of support groups? \_\_\_\_Y \_\_\_\_N
    - e) are persons waiting for caregiver training? \_\_\_\_Y \_\_\_\_N
    - f) are persons waiting for respite care? \_\_\_\_Y \_\_\_\_N
    - g) are persons waiting for supplemental service? \_\_\_\_Y \_\_\_\_N
    - h) are caregivers on other waiting lists for HCBS being served by the NFCSP? \_\_\_\_Y \_\_\_\_N
5. Do you feel your PSA needs additional funds to serve caregivers under the NFCSP? \_\_\_\_Y \_\_\_\_N, If yes, circle which services...
  - a) information
  - b) assistance
  - c) individual counseling
  - d) organization of support groups
  - e) caregiver training
  - f) respite care
  - g) supplemental service
  - h) other, please specify
6. Does your AAA promote consumer-directed caregiver services? \_\_\_\_Y \_\_\_\_N, If yes,
  - a) does your AAA provide funding to caregivers in the form of cash? \_\_\_\_Y  
\_\_\_\_N

- b) specify type of services purchased with cash.
  - c) does your AAA provide funding to caregivers in the form of vouchers? \_\_\_Y \_\_\_N
  - d) specify type of services purchased with vouchers.
7. What is the source(s) of your NFCSP match?
- a) how are match dollars used?
  - b) how are match dollars integrated into the NFCSP?
  - c) given the current economy, do you envision any difficulty in matching your NFCSP funds? \_\_\_Y \_\_\_N, If yes, please explain.
8. Is your PSA collecting demographic information on the persons served through the NFCSP? \_\_\_Y \_\_\_N
- a) if yes, specify source of data collection.
  - b) if yes to 8, specify demographic data of persons served through the NFCSP.
9. Does your PSA uniformly assess the needs of family caregivers? \_\_\_Y \_\_\_N, If yes,
- a) specify assessment tool used.
  - b) Does the assessment tool include a caregiving component?
10. Has your PSA participated in any NFCSP public education/awareness efforts? \_\_\_Y \_\_\_N, If yes,
- a) are your public education/awareness efforts targeted to a specific population(s)? (e.g. minorities, those with language difficulties, etc.) \_\_\_Y \_\_\_N
  - b) describe any major local/AAAs public education/awareness activities (those particularly unique or innovative).
  - c) describe any major local/contractors public education/awareness activities (those particularly unique or innovative).
11. Has your PSA created any unique or innovative training materials for the NFCSP? \_\_\_Y \_\_\_N, If yes,
- a) are your training materials targeted to a specific population(s)? (e.g. minorities, those with language difficulties, etc.) \_\_\_Y \_\_\_N

- b) describe any major local/AAAs training materials (those particularly unique or innovative).
  - c) describe any major local/contractors training materials (those particularly unique or innovative).
12. What information or assistance would you like to see at an upcoming conference that will help your state to advance the NFCSP?
13. Please provide any collected vignettes that illustrate the value of the NFCSP.