



Title III E – Caregiver Information Form

1. Social Security Number _____ - _____ - _____
2. Name: _____
 First _____ Middle _____ Last _____
3. Relationship to person(s) receiving care: Spouse (SP) | Parent (P) | Child (CH)
 Grandchild (GC) | Friend (FR) | Other Relative (OR) | Other (OT)
4. Physical Address: _____
 Street _____
 City _____ State _____ Zip _____ County _____
5. Telephone: (_____) _____
6. Race: White (W) | Black (B) | Native American (N) | Asian (A) | Other (O)
7. Ethnicity: Hispanic (H) | Other (O)
8. Date of Birth: / /
 MM DD YYYY
9. Sex: Female (F) | Male (M)
10. Is Caregiver Employed outside of the home? Full-Time | Part-Time | Not Employed
11. How is your own health? Excellent | Good | Fair | Poor
- 11a. How long have you been providing care? Less than 6 mths | 6 mths – 1 year
 1 – 2 years | Over 2 years
13. If you were unable to provide care, who would? No one | Friend/Neighbor
 Close Relative | Other
14. Since you began providing care, have the following aspects of your life become better, stayed the same, or worsened:
 (Circle One)
 Better Same Worse

Your relationship w/ the care recipient	1	2	3
Your relationship w/ other family members	1	2	3
Your relationship w/ friends	1	2	3
Your work (if applicable)	1	2	3
Your emotional well-being	1	2	3
15. Number of people you are a caregiver for? _____
 a. Number of these people below the poverty level (enter dollar amount)? _____
 b. Number of these people below the age of 18? _____