

CAREGIVER SUPPORT SCREENING CRITERIA

Name of Caregiver: _____

Name of Care Receiver: _____

In order for the agency to purchase services, the caregiver or care receiver should be experiencing financial hardship, as evidenced by:

- relatively low income for the caregiver's household (i.e., \leq \$60,000/year);
- relatively low income for the care receiver (i.e., \leq \$1,560/mo.); or
- expenses that exceed the caregiver's or care receiver's income

Caregivers or care receivers with higher incomes/lack of financial need may receive case consultation and/or case management services without purchased services.

MEET AT LEAST FOUR OF THE FOLLOWING CRITERIA:

- _____ Cares for someone who has Alzheimer's and/or impairments of two or more activities of daily living
- _____ Cares for someone who has been hospitalized within the last two weeks
- _____ Has had to cut back on work hours because of care responsibilities, and/or has experienced physical/emotional problems because of care responsibilities
- _____ Cares for someone who has no other support—either paid or unpaid
- _____ Lives in the same home as the care receiver

_____ REFERRAL TO BE ASSIGNED TO CARE COORDINATOR

_____ REFERRAL TO BE DECLINED