

# 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., \$1,508/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

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\_\_\_\_\_ REFERRAL TO BE ASSIGNED TO CARE COORDINATOR

\_\_\_\_\_ REFERRAL TO BE DECLINED