

# NFCSP SAMS Registration and Demographic Form

(Use this form to collect client information to enter into the HFA SAMS database)

## 1. CAREGIVER BASIC INFORMATION

## 2. CARE ENROLLMENT- Family Caregiver Support Program

|  |                  |                 |                               |
|--|------------------|-----------------|-------------------------------|
| Name (Last, First, Middle Initial)               |                  |                 | Date Registered<br>/ /        |
| Phone Number                                     | Additional Phone | Gender<br>M / F | DOB<br>/ /                    |
| Home Address (Residence)                         |                  |                 | Same for Mailing?<br>Yes / No |
| Town   |                  | State           | Zip Code                      |
| Mailing Address (if different than home address) |                  | State           | Zip Code                      |
| Email:   |                  |                 |                               |

## 3. NAPIS (of Caregiver)

|   |                      |
|---|----------------------|
| Ethnicity: Not Hispanic or Latino / Hispanic Latino | In Poverty? Yes / No |
|---|----------------------|

## 4. CARE RECIPIENT INFORMATION

|   |          |             |
|---|----------|-------------|
| Name:   | DOB: / / | Gender: M/F |
| Caregiver's relationship to care recipient? <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Daughter/Daughter-in-Law<br><input type="checkbox"/> Son/Son-in-Law <input type="checkbox"/> Other Relative <input type="checkbox"/> Non Relative |          |             |

## 5. CUSTOM FIELDS

a. Care Recipient has? (only use "Physically Frail" when no other applies):

FCS CR ADRD  
  FCS CR Cog Impair  
  FCS CR DD  
  FCS CR Frail  
  Mental Ill  
  FCS CR TBI  
  FCS SVR DIS 19-59

b. Living situation? (choose only one):

FCS Same Residence  
  FCS Same Community  
  FCS Both in AK  
  FCS CG in AK-CR not  
  FCS CR in AK-CG not

## 6. ETHNIC RACE of Caregiver

|   |
|---|
| <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White-Hispanic<br><input type="checkbox"/> Non-Minority (White, non-Hispanic) <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Other <input type="checkbox"/> Missing |
|---|

## 7. PROVIDER:

\_\_\_\_\_

## 8. Caregiver Report of Stress Level and Health Status (not required for SAMS)

a. Caregiver stress level (scale of 1 to 6, with 6 being the highest):

Current level:            1   2   3   4   5   6  
 Prior to care giving:    1   2   3   4   5   6

b. Caregiver report of their health(scale of 1 to 6, with 6 being the highest):

Current physical health when compared to one year ago:    1   2   3   4   5   6  
 Current emotional health when compared to one year ago:    1   2   3   4   5   6

c. When did you begin your role as a family care giver? \_\_\_\_\_

Completed by:

Date: