Michigan Office of Services to the Aging

OSA National Aging Program Information System (NAPIS)

Caregiver Reporting Primer

July 2006
OSA NAPIS Caregiver Reporting Primer

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</table>
Scenario 1: Daisy (age 62) - Caregiving for a spouse

Daisy is a 62 year old who cares for her husband (Don). Daisy is likely to be eligible for caregiver services funded by Title III-E NFCSP, State Escheat Respite (State Respite), and/or Tobacco Settlement Respite (TSR) based on her caregiving responsibilities. As a 62 year old, Daisy is also eligible for state and federal Title III Older Americans Act (OAA) funded care recipient services.

Daisy’s NAPIS Registration Form

Since Daisy will receive both the caregiver registration and care recipient registration services, both the caregiver and care recipient registration boxes located at the top of page one of the NAPIS registration form will be checked. Daisy’s name, contact and demographic information will be completed and entered at the top of page one.

NOTE - Basic socio-demographic information is collected on anyone that is being registered as a caregiver or care recipient.

Care Recipient Services

Because Daisy will receive care recipient services, the lower half of page one of the NAPIS form under Care Recipient Services Information, Nutritional Risk (i.e., if the individual is being registered for a service that requires nutritional risk status), and the ADL and IADL section (if the individual is to receive a Cluster I service) will be completed. Daisy will receive personal care and homemaker services. The service registration check box start date is entered for each service. Neither service requires completion of the nutritional risk information, but both require completed ADL and IADL information on the bottom of page one of the NAPIS form. This completes the care recipient portion of Daisy’s NAPIS registration.

Caregiver Services

Since Daisy is also a caregiver, page two of the NAPIS form will be completed. Page two collects information on the caregiver services Daisy will receive. Daisy will be registered for a caregiver support group, in-home respite, personal care (as a form of respite), and chore (as a form of respite). Basic contact information for Daisy’s husband is collected at the top of page two. This is self-reported by Daisy, and her husband’s name and social security number are optional. Daisy should indicate her husband’s date of birth. Page two also collects information on Daisy’s husband’s ADL and cognitive limitations, and on her history as a caregiver (e.g., how long she has been caregiving, how frequently, her health status, does she care for others, etc.). Page two also includes a question on Kinship Care. Daisy is not receiving kinship care. We do not complete the third page of the NAPIS registration form (i.e., kinship care information). This completes the caregiver portion of Daisy’s NAPIS registration.

Daisy’s registration is now complete for care recipient and caregiver services. See Attachment A for an example of Daisy’s completed NAPIS registration Form

The AAA now enters this information into the NAPIS application (manually or through the NAPIS importer) to establish Daisy’s NAPIS client registration record.

Daisy’s NAPIS Units Posting

When reporting units of service for Daisy, we access her client record in NAPIS. There is a separate Units Reporting link for care recipient and caregiver services. For Daisy’s care recipient service units (i.e., personal care and homemaker), we access the care recipient service-posting link in Daisy’s record and input her units of service under the appropriate service provider. For example, 25 units of personal care (for Daisy) and 20 units of homemaker are posted for the first quarter.
For Daisy’s caregiver service units, we access the caregiver units posting link in Daisy’s record. Daisy is attending a caregiver support group to better cope with the demands of her caregiving. She is also receiving in-home respite care to allow her time to grocery shop and pay bills, personal care (for her husband as a form of respite to help her care for him), and periodic chore services (this is chore as a form of respite). The personal care and chore services help Daisy to take care of more physically demanding work (e.g., shoveling, bathing her husband, ice removal, raking, etc.). Daisy is no longer able to do this work because she is becoming frail. The AAA posts 8 units of support group for the four, two-hour support group sessions she attended last quarter, 24 units of in-home respite care, and 5 units of chore that she received during the first quarter.

**Funding Daisy’s Caregiver & Care Recipient Services**

AAAs need to determine the appropriate source of funding so that resources are optimized. Some services can be funded both as a care recipient or a caregiver services. In the example above, Daisy received personal care, homemaker, caregiver support group, and chore services. Most of these services can be funded as care recipient services because Daisy is age 62 (e.g., funded from Title III-B or state in-home funds) and as caregiver services because she is a caregiver. In this case, the AAA opted to fund personal care and homemaker for Daisy as care recipient services from Title III-B and state in-home funds. This is because Daisy is over age 60. The AAA will fund Daisy’s caregiver support group, personal care (as a form of respite care), and chore services (as a form of respite care) as caregiver services from a mix of Title III-E and state respite funds.

This decision helps the AAA maximize the use of their limited funds. This decision frees up Title III-B and state in-home funds that could have been used to fund Don’s personal care and chore (because he is over 60 he is eligible for these services as a care recipient). Instead, the AAA chose the purchase them using caregiver funds as forms of respite for Daisy so that the AAA can use non-caregiver funds to purchase in-home services for an individual that does not have a caregiver (e.g., an older adult on a waiting list for Title III-B or state funded in-home services).
NAPIS Client Registration Form

**Confidential Information**
- CARE_RECIPIENT_REGISTRATION
- CAREGIVER_REGISTRATION

Vendor ID: C44-4444444
Site: 1A
Region ID: 555-55-SSSSS
Social Security Number (Optional): 10/01/1942
Date of Birth: 11/23/2004

First Name: DAISY
Last Name: BLUE
Mid Init: 
Address: 1234 GREEN
City: WATERSIDE
State: MI
Zip Code: 33333
County: 21
Township: 01

Mail Address: (Optional)
City: (Optional)
State: (Optional)

Zip Code: (Optional)
Plus 4: 
Phone: (555) 122-1222

Gender: 
- Male
- Female

Lives Alone: 
- Yes
- No

Income Status: 
- Yes
- No

Monthly income is below the poverty level? (See instructions for income details)

Race: 
- White
- Asian
- Hawaiian / Pacific Islander
- Black
- American Indian / Eskimo / Aleut

Multi-Racial Status: 
- Yes
- No

Is Client Hispanic?: 
- Yes
- No

Client Intake Date: 10/04/1999

Care Recipient Services Information

Cluster I Services
- Care Management
- Care Coord/Support
- Home Health Aide
- Personal Care
- Homemaker
- Chore Services
- Home Deliv’d Meals

Start Date: 10/01/2004

Cluster II Services
- Congregate Meals
- Nutrition Counseling
- Assisted Transportation

Cluster III Services
- Counseling
- Health Promotion
- Nutrition Education
- Elder Abuse Prev
- Friendly Reassurance
- Health Screening
- Hearing Services
- Home Injury Control
- Home Repair
- Information & Assistance
- Legal Services
- Mediation Mgt.
- Ombudsman
- Other
- PERs
- Outreach
- Senior Ctr Operations
- Senior Ctr Staff
- Transportation
- Vision Services

Nutritional Status Information

The High Nutritional Risk determination in #1 below is required for Care Recipients receiving any of these services: Home Delivered Meals, Congregate Meals, Care Mgmt/Care Coord, Nutrition Counseling. NOTE: The Nutritional Risk score in #1a is recommended but not required.

1) Is Care Recipient at High Nutritional Risk? (Screen score of 6 or more is High Risk)
- Yes
- No

1a) Score from High Nutritional Risk Screen (Numeric Score)
- 

This section is required for Care Recipients receiving Cluster I services. Mark all activities that require assistance.

Activities of Daily Living
- None
- All
- mobility level

Instrumental Activities of Daily Living
- None
- All

Draft

06/31/2004
# NAPIS Client Registration Form (Page 2 - Caregiver Services)

## Caregiver Services Information

### Registered Caregiver Services

<table>
<thead>
<tr>
<th>Counseling Services</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Counseling</td>
<td>10/10/2004</td>
</tr>
<tr>
<td>Support Group</td>
<td></td>
</tr>
<tr>
<td>Caregiver Training</td>
<td></td>
</tr>
<tr>
<td>Other Counseling</td>
<td></td>
</tr>
</tbody>
</table>

### Respite Care Services

<table>
<thead>
<tr>
<th>In Home Respite</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/15/2004</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chore</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10/15/2004</td>
</tr>
</tbody>
</table>

## Caregiver History

1. How did caregiver hear about this program (referral source):
   - Newspaper
   - Television
   - Brochure
   - Friend
   - Agency
   - Web Site
   - Physician
   - Health Care Provider
   - Other

2. Caregiver relationship to Care Recipient (check all that apply):
   - Spouse
   - Daughter
   - Son
   - Daughter-in-Law
   - Son-in-Law
   - Parent
   - Grandparent
   - Other Relative
   - Non-Relative

3. How long has the Caregiver provided care to the Care Recipient?
   - 0-6 months
   - 7-12 months
   - 13-36 months
   - 37+ months

4. How long does it take to get to the Care Recipient's home?
   - Less than 1 hour
   - 1-3 hours
   - More than 3 hours
     - Caregiver Lives w/ Care Recipient

5. Caregiver provides care to Care Recipient:
   - Daily
   - Several times a week
   - Weekly
   - Less Than 1 Day/Week
   - Monthly
   - Occasionally

6. Does the Caregiver provide hands-on care to Care Recipient?
   - Yes
   - No
   - If yes, hands-on care is provided: (Check the appropriate number of hours and frequency e.g., 1-3 hours per week)
     - Less than 1 hour
     - 1-3 hours
     - More than 3 hours
     - Per Day
     - Per Week
     - Per Month

7. Caregiver is employed:
   - Full Time
   - Part Time
   - Not Employed

8. Caregiver’s health is:
   - Excellent
   - Good
   - Fair
   - Poor

9. Are other friends or family members willing and capable to help care for the Care Recipient?:
   - Yes
   - No

10. How many Care Recipients does the Caregiver care for: 1
    10a. How many is the Caregiver the primary caregiver for: 1

11. How many dependents does the Caregiver have:
   - Under age 19: 0
   - Age 19-59: 0
   - Over age 59: 0
   - (Q.12 refers to Kinship supported w/ grant funds. If Yes, complete Kinship Care page 3. If No, don't complete p.3)

12. Is this a Kinship Care family/situation?:
   - Yes
   - No

I understand that the confidential information I am providing on this form will be used for state and federal reporting requirements, program management, quality assurance, public safety and research. No other use of personal identifying information on this form is intended unless I authorize it or a court orders it.

Signature

OSA NAPIS FY2005
08/12/2004

Draft
Scenario 2: Robert (age 42) – Adult child caring for an aging parent

Robert is a 42-year-old male who cares for his 70 year-old Mother. Robert is likely to be eligible for caregiver services funded by Title III-E NF CSP, State Escheat Respite (State Respite), or Tobacco Settlement Respite (TSR) based on his caregiving responsibilities. As a 42 year old, Robert is not eligible for care recipient services (he has not reached age 60).

Robert’s NAPIS Registration Form

For Robert, the caregiver registration box located at the top of the NAPIS registration form will be checked. His name, contact and demographic information on the top half of the form will be completed.

Care Recipient Services

Because Robert is not eligible for care recipient services, we will not complete the lower half of page one of the NAPIS form (i.e., Care Recipient Services Information, Nutritional Risk, and the ADL and IADL sections).

Caregiver Services

Robert is a caregiver so we complete page two of the NAPIS form. Robert will receive personal care for his mother (as a form of respite) and caregiver supplemental (home modifications). Robert is to receive personal care as a form of respite to support his caregiving because he works full-time and is often out of town. Robert needs help making sure that his mother receives a bath when he is away. Robert is also receiving caregiver defined supplemental services for home modifications to his Mother’s home because she is frail (e.g., install grab bars in the bathroom, etc.). Page two also collects basic information about Robert’s mother. This is self-reported by Robert, and information on his mother’s name and social security number is optional. Robert should indicate his Mother’s date of birth. Robert also provides information on his mother’s ADL and cognitive limitations and his history as a caregiver (how long, how frequently, his health status, does he care for others, etc.). The end of the page two includes a question on Kinship Care. Because Robert is not receiving kinship care services, we do not need to complete the third page of the NAPIS registration form.

Robert’s registration is now complete for his NAPIS caregiver services. See Attachment B for an example of Robert’s completed NAPIS registration Form.

The AAA now enters this information into the NAPIS application (manually or through the NAPIS importer) to establish Robert’s NAPIS registration record.

Robert’s NAPIS Units Posting

To report units of services for Robert we access the caregiver units-reporting link in NAPIS and post 15 units of personal care (as a form respite) and 5 units of caregiver supplemental services (home modifications) for the first quarter.

Funding Robert’s Caregiver Services

AAAs need to determine how certain caregiver services will be funded so that resources are optimized. Some caregiver services can be funded by more than one caregiver fund source. Personal care (as a form of respite) can be funded from Title III-E, State Respite or Tobacco Settlement Respite (TSR) funds. Caregiver supplemental services can only be funded by Title III-E. The AAA chose to fund Robert’s caregiver supplemental services from Title III-E and his personal care (as a form of respite) with TSR funds.
**Scenario 2**

**NAPIS Client Registration Form**

- **Vendor ID**: C
- **Social Security Number**: 10-777-77-7777
- **Date of Birth**: 10/01/1962
- **First Name**: Robert
- **Last Name**: Green
- **Address**: 1231 Red Street
- **City**: Riverville
- **State**: MI
- **Zip Code**: 33333
- **Phone**: 
- **Gender**: Male
- **Lives Alone**: No
- **Income Status**: Yes
- **Race**: White
- **Multi-Racial Status**: No
- **Client Intake Date**: 11/23/2004

### Care Recipient Services Information

<table>
<thead>
<tr>
<th>Cluster I Services</th>
<th>Start Date</th>
<th>Cluster II Services</th>
<th>Cluster III Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Info &amp; Assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Legal Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medication Mgt.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ombudsman</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PERS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outreach</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Congregate Meals</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nutrition Counseling</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assisted Transportation</td>
<td></td>
</tr>
</tbody>
</table>

### Nutritional Status Information

The High Nutritional Risk determination in #1 below is required for Care Recipients receiving any of these services: Home Delivered Meals, Congregate Meals, Care Mgmt/Case Coord, Nutrition Counseling. **NOTE**: The Nutritional Risk score in #1a is recommended but not required.

1. Is Care Recipient at High Nutritional Risk?  
(Screen score of 6 or more is High Risk)  
- Yes  
- No

1a. Score from High Nutritional Risk Screen (Numeric Score)

This section is required for Care Recipients receiving Cluster I services. Mark all activities that require assistance.

<table>
<thead>
<tr>
<th>Activities of Daily Living</th>
<th>None</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating / Feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder Function</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel Function</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheeling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stair Climbing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed Mobility</td>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Instrumental Activities of Daily Living</th>
<th>None</th>
<th>All</th>
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<tbody>
<tr>
<td>Shopping</td>
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<tr>
<td>Handling Finances</td>
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<tr>
<td>Heavy Cleaning</td>
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<tr>
<td>Light Cleaning</td>
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<tr>
<td>Using Public Transportation</td>
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<tr>
<td>Using Private Transportation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OSA NAPIS FY 2005**

08/31/2004
# NAPIS Client Registration Form (Page 2 - Caregiver Services)

**Care Recipient's First Name:** REBA  
**Care Recipient's Last Name:** GREEN  
**Care Recipient Social Security Number (Optional):**  
**Care Recipient Date Of Birth:** 01/12/1934

## Caregiver Services Information

<table>
<thead>
<tr>
<th>Registered Caregiver Services</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling Services</td>
<td></td>
</tr>
<tr>
<td>- Individual Counseling</td>
<td></td>
</tr>
<tr>
<td>- Support Group</td>
<td></td>
</tr>
<tr>
<td>- Caregiver Training</td>
<td></td>
</tr>
<tr>
<td>- Other Counseling</td>
<td></td>
</tr>
<tr>
<td>Respite Care Services</td>
<td></td>
</tr>
<tr>
<td>- In Home Respite</td>
<td></td>
</tr>
<tr>
<td>- Chore</td>
<td></td>
</tr>
<tr>
<td>- Homemaker</td>
<td></td>
</tr>
<tr>
<td>- Home Del Meals</td>
<td></td>
</tr>
<tr>
<td>- Home Health Aide</td>
<td></td>
</tr>
<tr>
<td>- Kinship</td>
<td></td>
</tr>
<tr>
<td>- Overnight</td>
<td></td>
</tr>
<tr>
<td>- Personal Care</td>
<td>11/30/2004</td>
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<tr>
<td>- Specialized</td>
<td></td>
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<tr>
<td>- Volunteer Respite</td>
<td></td>
</tr>
<tr>
<td>- Adult Day Care</td>
<td></td>
</tr>
<tr>
<td>- Direct Payment</td>
<td></td>
</tr>
<tr>
<td>- Other</td>
<td></td>
</tr>
</tbody>
</table>

## Caregiver History

1) **How did the caregiver hear about this program (referral source)?**
   - Newspaper  
   - Television  
   - Brochure  
   - Friend  
   - Agency  
   - Web Site  
   - Physician  
   - Health Care Provider  
   - Other

2) **Caregiver relationship to Care Recipient (check all that apply):**
   - Spouse  
   - Daughter  
   - Son  
   - Daughter-in-Law  
   - Son-in-Law  
   - Parent  
   - Grandparent  
   - Other Relative  
   - Non-Relative

3) **How long has the Caregiver provided care to the Care Recipient?**
   - 0-6 months  
   - 7-12 months  
   - 13-36 months  
   - 37+ months

4) **How long does it take to get to the Care Recipient's home?**
   - Less than 1 hour  
   - 1-3 hours  
   - More than 3 hours  
   - Caregiver Lives w/ Care Recipient

5) **Caregiver provides care to Care Recipient:**
   - Daily  
   - Several times a week  
   - Monthly  
   - Occasionally

6) **Does the Caregiver provide hands-on care to Care Recipient?**
   - Yes  
   - No
   - If yes, hands-on care is provided: (Check the appropriate number of hours and frequency e.g., 1-3 hours per week)
     - Less than 1 hour  
     - 1-3 hours  
     - More than 3 hours  
     - Per Day  
     - Per Week  
     - Per Month

7) **Caregiver is employed:**
   - Full Time  
   - Part Time  
   - Not Employed

8) **Caregiver’s health is:**
   - Excellent  
   - Good  
   - Fair  
   - Poor

9) **Are other friends or family members willing and capable to help care for the Care Recipient?**
   - Yes  
   - No

10) **How many Care Recipients does the Caregiver care for?**
    - 1

10a) **How many is the Caregiver the primary caregiver for?**
    - 1

11) **How many dependents does the Caregiver have?**
    - Under 19: 3  
    - Age 19-59: 0  
    - Over 59: 0

12) **Is this a Kinship Care family/situation?**
    - Yes  
    - No

---

I understand that the confidential information I am providing on this form will be used for state and federal reporting requirements, program management, quality assurance, public safety and research. No other use of personal identifying information on this form is intended unless I authorize it or a court orders it.

**Signature:**

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**CSA NAPIS FY2005**  
**08/12/2004**  
**Draft**
Scenario 3: Carol (age 78) - Grandparent caring for grandchildren

Carol is a 78 year-old who cares for her 15 year-old grandson and 16 year-old grand daughter. Carol is likely to be eligible for caregiver services based on her grandparent caregiving responsibilities. As a 78 year-old, Carol is also eligible for care recipient services.

Carol's NAPIS Registration Form

For Carol, the care recipient and caregiver registration boxes located at the top of the NAPIS registration form will be checked. Her name, contact and demographic information will be filled in on the top half of page one of the NAPIS form.

Care Recipient Services

Because Carol is eligible for care recipient services, we complete the lower half of page one the NAPIS form under Care Recipient Services Information, Nutritional Risk (if the individual is being registered for a service that requires nutritional risk status), and the ADL and IADL section (if the individual is to receive a Cluster I service). Carol is registered for case coordination and support and personal care. As such, the service registration check box and start date is checked/complete for each. The case coordination and support registration requires completion of the nutritional risk information. Both service registrations require completion of the ADL and IADL information. This completes the care recipient portion of Carol’s NAPIS registration.

Caregiver Services

Since Carol is a caregiver, page two of the NAPIS form is completed. Page two focuses on caregiver services. Carol will be registered for kinship respite care and homemaker (as a form of respite care). We also collect information about Carol’s caregiving history (how long, how frequently, her health status, does she care for others, etc.). Because this is a kinship care situation, we do not complete information about Carol’s grandchildren on the top of page two (names, dates of birth, etc). This information will be reported on page three. Likewise, for kinship situations we do not complete information on ADL and/or cognitive limitations at the bottom of page two.

Because Carol is being registered for kinship respite care in the service registration section of page two, we indicate “Yes” to question 12 and complete page three of the NAPIS registration form to identify the grandchildren’s names (optional), dates of birth, and reasons for and characteristics of the kinship care situation. Carol’s registration is now complete for caregiver services.

Carol’s registration is now complete for both her care recipient and caregiver services. See Attachment C for an example of Carol's completed NAPIS registration Form

The AAA enters this information into the NAPIS application (manually or through the NAPIS importer) to establish Carol’s NAPIS registration record.

Carol's NAPIS Units Posting

When reporting units of service for Carol, we access her record in NAPIS. There is a separate units reporting link in NAPIS for care recipient and caregiver services. Carol is receiving both caregiver and care recipient services. For care recipient services unit posting, we access the care recipient unit-posting link and enter the units of service for case coordination and support and personal care. For example, we post 3 units of case coordination and support and 40 units of personal care for the first quarter.
For caregiver unit posting, we access the caregiver unit-posting link in Carol’s record and input the units of service for kinship care. For example, we post 20 units of kinship respite care and 25 units of homemaker (as a form of respite) for the first quarter. The 20 units of kinship respite care and 25 units of homemaker represent aggregate units for kinship respite care and homemaker units provided to Carol as she cares for her two grandchildren. Because we are reporting caregiver service units provided to the caregiver, there is no requirement to breakout and report service units across the individual care recipients that the caregiver is caring for (in this case grandchildren).

**Funding Carol’s Caregiver Services**

AAAs will need to determine how caregiver services will be funded so that resources are optimized. In the example above, Carol is to receive case coordination and support, personal care, homemaker, and kinship care services. All of these services can be funded with caregiver funds since they are supporting Carol as a caregiver; however, the AAA has decided to provide the case coordination and support and personal care services with federal Title III-B and state alternative care funds. This is allowable because Carol is over age 60. The AAA will fund Carol’s homemaker (as a form of respite care) with a mix of Title III-E and State Respite funds. Carol’s kinship services will be purchased with Title III-E funds.
## NAPIS Client Registration Form

**Confidential Information**
- CARE_RECIPIENT_REGISTRATION
- CAREGIVER_REGISTRATION

**Form Date**
- 11/22/2004

### Vendor ID
- C
- 77 77 77 77 77

### Site
- 14

### Region ID
- BDC
- 12 - 22 22

### Social Security Number (Optional)
- 10/19/1926

### First Name
- CAROL

### Last Name
- RED

### Address
- 345 AVENUE E

### City
- WATERVILLE

### State
- MI

### Zip Code
- 22222

### County
- 41

### Township
- DDD

### Mail Address (Optional)

### Phone

### Gender
- Male

### Lives Alone
- Yes

### Income Status
- Yes

### Monthly income below the poverty level?
- Yes

### Race
- White

### Multi-Racial Status
- Yes

### Client Intake Date

### Cluster I Services
- Care Management
- Care Coord/Support
- Home Health Aide
- Personal Care
- Homemaker
- Chore Services
- Home Deliv’d Meals

### Start Date
- 1/1/2004

### Cluster II Services
- Congregate Meals
- Nutrition Counseling
- Assisted Transportation

### Cluster III Services
- Info & Assistance
- Legal Services
- Mediciation Mgt.
- Ombudsman
- Other
- PERS
- Outreach
- Senior Ctr Operations
- Senior Ctr Staff
- Transportation
- Vision Services

### Nutritional Status Information

The High Nutritional Risk determination in #1 below is required for Care Recipients receiving any of these services: Home Delivered Meals, Congregate Meals, Care Mgmt/Case Coord, Nutrition Counseling. **NOTE** - The Nutritional Risk score in #1a is recommended but not required.

1) Is Care Recipient at High Nutritional Risk? (Screen score of 6 or more is High Risk)
- Yes
- No

1a) Score from High Nutritional Risk Screen (Numeric Score)
- 9

**This section is required for Care Recipients receiving Cluster I services. Mark all activities that require assistance.**

### Activities of Daily Living
- Eating / Feeding
- Dressing
- Bathing
- Walking
- Stair Climbing
- Bed Mobility

- None
- All

### Instrumental Activities of Daily Living
- Shopping
- Handling Finances
- Heavy Cleaning
- Light Cleaning
- Using Public Transportation
- Using Private Transportation
- Cooking Meals
- Reheating Meals
- Taking Medication
- Heating Home
- Using Phone
- Doing Laundry
- Keeping Appointments

### Draft

OSA NAPIS FY 2005

08/31/2004
# NAPIS Client Registration Form (Page 2 - Caregiver Services)

## Caregiver Services Information

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<thead>
<tr>
<th>Registered Caregiver Services</th>
<th>Start Date</th>
<th>Counseling Services</th>
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<td>Individual Counseling</td>
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<tr>
<td>Support Group</td>
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<tr>
<td>Caregiver Training</td>
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<tr>
<td>Other Counseling</td>
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<table>
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<tr>
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<th>Start Date</th>
<th>Homemakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Home Respite</td>
<td>11/30/2004</td>
<td></td>
</tr>
<tr>
<td>Chore</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Caregiver History

1) How did caregiver hear about this program (referral source)?
   - Newspaper
   - Television
   - Brochure
   - Friend
   - Agency
   - WebSite
   - Physician
   - Health Care Provider
   - Other

2) Caregiver relationship to Care Recipient (check all that apply):
   - Spouse
   - Daughter
   - Son
   - Daughter-in-Law
   - Son-in-Law
   - Parent
   - Grandparent
   - Other Relative
   - Non-Relative

3) How long has the Caregiver provided care to the Care Recipient?
   - 0-6 months
   - 7-12 months
   - 13-36 months
   - 37+ months

4) How long does it take to get to the Care Recipient's home?
   - Less than 1 hour
   - 1-3 hours
   - More than 3 hours
     - Caregiver Lives w/ Care Recipient

5) Caregiver provides care to Care Recipient:
   - Daily
   - Several times a week
   - Weekly
     - Less than 1 Day/Week
     - Monthly
     - Occasionally

6) Does the Caregiver provide hands-on care to Care Recipient?:
   - Yes
   - No
   - If yes, hands-on care is provided: (Check the appropriate number of hours and frequency e.g., 1-3 hours per week)
     - Less than 1 hour
     - 1-3 hours
     - More than 3 hours
       - Per Day
       - Per Week
       - Per Month

7) Caregiver is employed:
   - Full Time
   - Part Time
   - Not Employed

8) Caregiver's health is:
   - Excellent
   - Good
   - Fair
   - Poor

9) Are other friends or family members willing and capable to help care for the Care Recipient?:
   - Yes
   - No

10) How many Care Recipients does the Caregiver care for?:
    - 2

10a) How many is the Caregiver the primary caregiver for?:
    - 2

11) How many dependents does the Caregiver have:
    - Under age 19: 2
    - Age 19 - 59: 2
    - Over age 59: 2

12) Is this a Kinship Care family/situation?:
    - Yes
    - No

(Q.12 refers to Kinship supported w/ grant funds. If Yes, complete Kinship Care page 3. If no, don't complete p3)

I understand that the confidential information I am providing on this form will be used for state and federal reporting requirements, program management, quality assurance, public safety and research. No other use of personal identifying information on this form is intended unless I authorize it or a court orders it.

Signature

OSA NAPIS FY2005
08/12/2004
Draft
Kinship Care Information

Vendor ID: 77-7777777
Site ID: 
Region ID: 14
Caregiver Social Security Number (Optional): DDD-12-1234

Caregiver’s First Name: CAROL
Caregiver’s Last Name: Red

Child 1 First Name: Bob
Child’s Date Of Birth: 10/01/1989

Child 2 First Name: Debbie
Child’s Date Of Birth: 10/01/1989

Child 3 First Name:
Child’s Date Of Birth:

Child 4 First Name:
Child’s Date Of Birth:

Child 5 First Name:
Child’s Date Of Birth:

Child’s Gender:

Status of child(ren): (Check all that apply):
- Informal Arrangement
- Foster Care
- Adoption
- Guardianship
- Legal Custody
- Other

Reason for Kinship Care (Check all that apply):
- Abandonment
- Mental / Emotional Illness
- Divorce
- Teen Pregnancy
- Incarceration
- Illness
- Substance Abuse
- Unemployment
- Death
- Other

Are any of the Child(ren)’s Parents also living with Caregiver? (Check all that apply): Yes No

Child(ren)’s Special Needs (Check all that apply):
- Developmental Disability
- Emotional Impairment
- Learning Disability
- Physical Disability

Signature: ____________________________
Date: 08/12/2004

I understand that the confidential information I am providing on this form will be used for state and federal reporting requirements, program management, quality assurance, public safety and research. No other use of personal identifying information on this form is intended unless I authorize it or a court orders it.
Scenario 4: Wilma (age 64) & Wayne (age 56) - Siblings caring for aging parents

Wilma is a 64-year-old female who cares for her 86 year-old Mother (Betty) and 85-year-old father (Robert). Wilma lives in southeast Michigan, approximately 7 hours by car away from her parents. As a long distance caregiver, Wilma is likely to be eligible for certain caregiver services funded by Title III-E NFCSP to support her caregiving responsibilities. As a 64 year old, Wilma is also eligible for care recipient services.

Wilma’s brother, Wayne (age 56), also cares for his parents. Wayne lives in northern Michigan, much closer to his parents (10 minutes away), but has work and other family obligations that prevent him from caring for his parents during the daytime hours. Wayne is likely to be eligible for caregiver services funded by Title III-E NFCSP, State Escheat Respite (State Respite), or Tobacco Settlement Respite (TSR) based on his caregiving responsibilities. As a 56 year old, Wayne is not likely to be eligible for care recipient services as he is not age 60.

Because we have two caregivers in this situation, we have two separate clients, even though they are both caring for their parents. As such, we will have two separate NAPIS forms. Since Wilma and Wayne live in different areas of the state, one AAA will maintain Wilma’s NAPIS client registration form and another AAA will maintain Wayne’s form.

Wilma’s NAPIS Registration Form

For Wilma, the care recipient and caregiver registration boxes located at the top of the NAPIS registration form will be checked. Her name, contact and demographic information on the top half of the form will be completed.

Care Recipient Services

Because the Wilma is eligible for care recipient services, we will complete the lower half of page one of the NAPIS form, including the Care Recipient Services Information, Nutritional Risk (if the individual is being registered for a service that requires nutritional risk status), and the ADL and IADL section (if the individual is to receive a Cluster I service) will be completed. Wilma is registered for home delivered meals and homemaker by checking the appropriate service registration box and entering the service start dates. The home delivered meal registration requires completed nutritional risk information. Both services require information on ADLs and IADLs. This completes the care recipient portion of Wilma’s NAPIS registration.

Caregiver Services

Page two collects information on the caregiver services that Wilma will receive, ADL and cognitive limitations for the individuals she is caring for, and information about her history as a caregiver (how long, how frequently, her health status, does she care for others). Because Wilma is a long distance caregiver, respite is probably not an appropriate service for her on an ongoing basis. Her parents do not live with her and she is not dropping them off at an adult day center. Caregiver support group, caregiver counseling, and/or information and referral services are appropriate because Wilma needs help coping with stress caring for her parents from a distance, and she needs to better understand the long term care options and services available to her parents as they become less able to stay in their own home.

Because Wilma is a caregiver for two care recipients the agency completing the NAPIS form is presented with a challenge. The NAPIS form has room for one care recipient name on page two. Wilma and the agency completing the form can do one of the following:
1) Complete a “NAPIS form page two” for each parent. One of which would be fully completed (e.g., mom’s), the other would contain only the care recipient information (e.g., name and DOB) that was not on the other “page two”.

2) Identify one parent as the primary care recipient for which the caregiver is receiving services and note this person’s information on the page two of the NAPIS form.

3) The caregiver may decide not to provide any information on the parents’ names or DOB’s. The form would collect the total number of care recipients that the caregiver is caring for (question 10 on form), but not specific information on each care recipient.

Wilma decided not to complete the care recipient information on the top of page two (option #3 above). Wilma will respond to question 10 on page two of the form as follows:

10) How many care recipients does the Caregiver care for: 2
10a) How many is the caregiver the primary caregiver for: 0

The end of the page two includes a question on Kinship Care. Because Wilma is not receiving services for a kinship care situation (grandparent raising a grandchild) we do not need to complete the third page of the NAPIS form. Wilma’s registration is now complete for her caregiver service registration.

Wilma’s NAPIS registration form is now complete for her care recipient and caregiver services. See Attachment D for an example of Wilma’s completed NAPIS registration Form.

The AAA enters this information into the NAPIS application (manually or through the NAPIS importer) to establish Wilma’s NAPIS registration record.

Wilma’s NAPIS Units Posting

When reporting units of service for Wilma, the AAA that entered Wilma’s NAPIS form into NAPIS will access her record and post units. As a care recipient, Wilma is receiving home delivered meals and homemaker services. At the end of the first quarter, 75 home delivered meals and 40 homemaker units are posted under the care recipient unit-posting link. For caregiver services 5 units of support group and 10 units of caregiver counseling services are posted under the caregiver unit-posting link.

Funding Wilma’s Caregiver Services

AAAs will need to determine how certain caregiver services will be funded so that resources are optimized. Some services can be funded as either care recipient or caregiver services. In the example above, the AAA chose to fund Wilma’s home delivered meals and homemaker services as care recipient services. These are to be funded with a mix of Title III-C2 and state home delivered meals funds (HDM) and Title III-B and state in-home funds (homemaker). Wilma’s caregiver support group and caregiver counseling services are to be funded from Title III-E funds since they cannot be funded with State Respite or TSR funds.

Wayne’s NAPIS Registration Form

Wilma’s brother Wayne lives close to his parents, but has work and other family obligations that prevent him from caring for his parents during the daytime hours. Wayne is likely to be eligible for caregiver services funded by Title III-E NFCSP, State Escheat Respite (State Respite), or Tobacco Settlement Respite (TSR) based on his caregiving responsibilities. As a 56 year old, Wayne is not eligible for care recipient services.
For Wayne, the caregiver registration box located at the top of the NAPIS registration form will be checked. His name, contact and demographic information on the top half of page one will be completed.

Care Recipient Services

Because Wayne is not eligible for care recipient services, we will not complete the lower half of page one the NAPIS form (i.e., Care Recipient Services Information, Nutritional Risk, and the ADL and IADL sections).

Caregiver Services

Since Wayne is caregiver, we complete page two of the NAPIS form to identify the caregiver services he will receive as well as information about his parents. Wayne’s parents live close by, but they are not able to care for themselves for long periods of time while he is at work. Wayne will be registered for adult day care so that he can drop his parents off at an adult day center. This service is checked on page two and a start date is entered.

Because Wayne is caring for two care recipients (i.e., his parents) the agency completing the form is presented with a challenge. The NAPIS form has room for one care recipient name on page two. Wayne and the agency completing the form can do one of the following:

1) Complete a second “NAPIS form page two” for each parent. One of which would be fully completed (e.g., mom’s), the other would contain only the care recipient information (name, DOB, etc.) that was not on the others “page two”.

2) Identify one parent as the primary care recipient for which the caregiver is receiving services and note this person’s information on the page two of the NAPIS form.

3) The caregiver may decide not to provide any information on the parents’ names or DOB’s. The form would collect the total number of care recipients that the caregiver is caring for (question 10 on form), but not specific information on each care recipient.

Wayne decided to complete 2 copies of page two (option #1 above), one for each parent. Information on date of birth, and ADL and cognitive impairment, etc. is included on separate page twos (i.e., one for each parent).

Wayne is not receiving kinship care. We do not need to complete the third page of the NAPIS registration.

Wayne’s registration is now complete for his caregiver services. See Attachment E for an example of Wayne’s completed NAPIS registration Form.

The AAA enters this information into the NAPIS application (manually or through the NAPIS importer) to establish Wayne’s NAPIS registration record.

Wayne’s NAPIS Units Posting

When reporting units of service for Wayne, the AAA that entered Wayne’s NAPIS form will access his NAPIS record and post units under the caregiver services unit-posting link. For example, 128 units of adult day services are posted for the first quarter.

Funding Wayne’s Caregiver Services

AAAs will need to determine how certain caregiver services will be funded so that resources are optimized. Some caregiver services can be funded by more than one fund source. In the example above, Wayne is to receive adult day care. This service can be funded from Title III-E funds, TSR or State Respite funds. The
AAA purchasing the services will need to determine the best funding option or mix for the funds sources that are available. The AAA has chosen to fund Wayne’s adult day services from State Respite funds.

**Special Considerations on Funding and Reporting Caregiver Services for Wilma and Wayne**

1. In Wilma and Wayne’s scenarios above, services will most likely be funded and reported by two separate AAAs. This is because Wilma is a long distance caregiver (she lives about 7 hours from her parents) and Wayne lives in close proximity to his parents. Both Wayne and Wilma are eligible for caregiver services, but they will be registered for different caregiver services based upon the nature of their support to their parents. Wilma will receive her caregiver counseling and support group services from the local area agency on aging and service providers in the geographic in which she resides. Likewise, this AAA will fund Wilma’s services and report them in the NAPIS application since she is *their* client for these caregiver services. Wayne will receive his caregiver service through the AAA and local service providers that serve the geographic area in which he resides. His local AAA will fund the adult day services for his parents and they will also report units of service in NAPIS for Wayne.

Wayne’s decision to complete two NAPIS page twos (one for each parent) does not impact how his information will be entered in NAPIS. The basic information on Wayne is consistent across both page twos. The only change is the care recipient information at the top of the page (dad’s name vs. mom’s name, dad’s DOB vs. mom’s DOB, etc). As such, Wayne’s NAPIS record is only entered once and is consistent. The two NAPIS page twos allow the AAA to create links in the NAPIS software application between Wayne’s NAPIS record and information in the system on his parents.

**OSA will provide detailed instructions on creating caregiving links in the system when AAA data is transferred to the new NAPIS software application.**
### NAPIS Client Registration Form (Page 2 - Caregiver Services)

**Care Recipient's First Name**

**Care Recipient's Last Name**

**Care Recipient Social Security Number (Optional)**

**Care Recipient Date Of Birth**

### Caregiver Services Information

<table>
<thead>
<tr>
<th>Caregiver Services Information</th>
<th>Registered Caregiver Services</th>
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<tbody>
<tr>
<td>Counseling Services</td>
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<td>11/30/2004</td>
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<tr>
<td>1) Individual Counseling</td>
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<td>2) Support Group</td>
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<td>3) Caregiver Training</td>
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### Respite Care Services

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<tr>
<td>Chore</td>
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### Defined Supplemental Services

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<td>Direct Payment</td>
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<td>Other (specify* below if applicable)</td>
<td>Home Modification</td>
<td>PERS</td>
<td>Medical Equip/Supplies</td>
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### Non-registered Caregiver Services

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<td>Information &amp; Assistance</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

### Care Recipient Status Information

#### This is required for Caregivers receiving any of these services: Respite Care (all forms) & Defined Supplemental Services

1) Does the care recipient need assistance with 2 or more activities of daily living (ADLs)?

   - [ ] Yes
   - [ ] No

2) Does the care recipient have a cognitive impairment (e.g., Alzheimer's Dementia, etc.)?

   - [ ] Yes
   - [ ] No

### Caregiver History

1) How did caregiver hear about this program (referral source)?

   - [ ] Newspaper
   - [ ] Television
   - [ ] Brochure
   - [ ] Friend
   - [ ] Agency
   - [ ] Web Site
   - [ ] Physician
   - [ ] Health Care Provider
   - [ ] Other

2) Caregiver relationship to Care Recipient (check all that apply):

   - [ ] Spouse
   - [ ] Daughter
   - [ ] Son
   - [ ] Daughter-in-Law
   - [ ] Son-in-Law
   - [ ] Parent
   - [ ] Grandparent
   - [ ] Other Relative
   - [ ] Non-Relative

3) How long has the Caregiver provided care to the Care Recipient?

   - [ ] 0-6 months
   - [ ] 7-12 months
   - [ ] 13-36 months
   - [ ] 37+ months

4) How long does it take to get to the Care Recipient's home?

   - [ ] Less than 1 hour
   - [ ] 1-3 hours
   - [ ] More than 3 hours

   [Caregiver Lives w/ Care Recipient]

5) Caregiver provides care to Care Recipient:

   - [ ] Daily
   - [ ] Several times a week
   - [ ] Weekly

   - [ ] Less Than 1 Day/Week
   - [ ] Monthly
   - [ ] Occasionally

6) Does the Caregiver provide hands-on care to Care Recipient?:

   - [ ] Yes
   - [ ] No

   If yes, hands-on care is provided (Check the appropriate number of hours and frequency e.g., 1-3 hours per week)

   - [ ] Less than 1 hour
   - [ ] 1-3 hours
   - [ ] More than 3 hours

   - [ ] Per Day
   - [ ] Per Week
   - [ ] Per Month

7) Caregiver is employed:

   - [ ] Full Time
   - [ ] Part Time
   - [ ] Not Employed

8) Caregiver's health is:

   - [ ] Excellent
   - [ ] Good
   - [ ] Fair
   - [ ] Poor

9) Are other friends or family members willing and capable to help care for the Care Recipient:

   - [ ] Yes
   - [ ] No

10) How many Care Recipients does the Caregiver care for:

    - [ ] 2

10a) How many is the Caregiver the primary caregiver for:

    - [ ]

11) How many dependents does the Caregiver have:

12) Is this a Kinship Care family/situation:

    - [ ] Yes
    - [ ] No

(0.12 refers to Kinship supported w/ grant funds. If yes, complete Kinship Care page 3. If no, don't complete p3)

<table>
<thead>
<tr>
<th>Case</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
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<td>08/12/2004</td>
</tr>
</tbody>
</table>

**Osa NAPIS FY2005**

**Draft**
**Confidential Information**

- CARE_RECIPIENT_REGISTRATION
- CAREGIVER_REGISTRATION

Form Date: 11/23/2004

**Scenario 4**

- Vendor ID: 44-4444444
- Region ID: 11
- Social Security Number: 22-2222
- Date of Birth: 10/04/1943

First Name: WAYNE
Last Name: PURPLE

Address: 567 AVENUE B

City: BROWNSIDE
State: MI
Zip Code: 44444

Mail Address: (Optional)
City (Optional): 
State: 

Lives Alone: Yes

Income Status:
- Yes
- No

Race:
- White
- Asian
- Hawaiian / Pacific Islander
- Black
- American Indian / Eskimo / Aleut

Is Client Hispanic: Yes

Multi-Racial Status (mark all that apply):
- White
- Asian
- Hawaiian/Pacific Islander
- Black
- American Indian / Eskimo / Aleut

Client Intake Date: 11/23/2004

### Care Recipient Services Information

<table>
<thead>
<tr>
<th>Cluster I Services</th>
<th>Care Management</th>
<th>Start Date</th>
<th>Cluster II Services</th>
<th>Congregate Meals</th>
<th>Cluster III Services</th>
<th>Counseling</th>
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<tbody>
<tr>
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<td>Legal Services</td>
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<td>Medication Mgt.</td>
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<td>Ombudsman</td>
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<td>Other</td>
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<td>Senior Ctr Operations</td>
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<td>Senior Ctr Staff</td>
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<td>Vision Services</td>
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</table>

### Nutritional Status Information

The High Nutritional Risk determination in #1 below is required for Care Recipients receiving any of these services: Home Delivered Meals; Congregate Meals; Care Mgmt/Case Coord, Nutrition Counseling. NOTE: The Nutritional Risk score in #1a is recommended but not required.

1) Is Care Recipient at High Nutritional Risk? (Screen score of 6 or more is High Risk)
- Yes
- No

1a) Score from High Nutritional Risk Screen (Numeric Score)

This section is required for Care Recipients receiving Cluster I services. Mark all activities that require assistance:

<table>
<thead>
<tr>
<th>Activities of Daily Living</th>
<th>Eing / Feeding</th>
<th>Toileting</th>
<th>Dressing</th>
<th>Bladder Function</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>All</td>
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<table>
<thead>
<tr>
<th>Instrumental Activities of Daily Living</th>
<th>Shopping</th>
<th>Handling Finances</th>
<th>Heavy Cleaning</th>
<th>Light Cleaning</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
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<table>
<thead>
<tr>
<th>Income of Meals</th>
<th>Cooking Meals</th>
<th>Doing Laundry</th>
<th>Reheating Meals</th>
<th>Keeping Appointments</th>
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<tbody>
<tr>
<td></td>
<td>None</td>
<td>No</td>
<td>None</td>
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<table>
<thead>
<tr>
<th>Using Phone</th>
<th>Using Public Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
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<table>
<thead>
<tr>
<th>Using Private Transportation</th>
<th>Living</th>
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</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

Date: 08/31/2004

CFA NAPIS FY 2005

Draft
**NAPIS Client Registration Form (Page 2 - Caregiver Services)**

**Care Recipient's First Name**: BETTY

**Care Recipient's Last Name**: PURPLE

**Care Recipient Social Security Number** (Optional): [Blank]

**Care Recipient Date Of Birth**: 01/01/1918

### Caregiver Services Information

<table>
<thead>
<tr>
<th>Counseling Services</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
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<td>Caregiver Training</td>
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<tr>
<td>Other Counseling</td>
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<table>
<thead>
<tr>
<th>Respite Care Services</th>
<th>Start Date</th>
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<tbody>
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<td>In Home Respite</td>
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<tr>
<td>Chore</td>
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</tr>
<tr>
<td>Homemaker</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Home Del Meas</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Home Health Aide</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Kinship</td>
<td>[Blank]</td>
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<tr>
<td>Overnight</td>
<td>[Blank]</td>
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<tr>
<td>Personal Care</td>
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<tr>
<td>Specialized</td>
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<tr>
<td>Volunteer Respite</td>
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<tr>
<td>Adult Day Care</td>
<td>11/30/2004</td>
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<tr>
<td>Direct Payment</td>
<td>[Blank]</td>
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<tr>
<td>Other</td>
<td>[Blank]</td>
</tr>
</tbody>
</table>

### Defined Supplemental Services

| Caregiver Supplemental | [Blank] |
| Direct Payment         | [Blank] |
| Other (specify “other” below if applicable) | [Blank] |
| Home Modification      | [Blank] |
| PERS                   | [Blank] |
| Medical Equip/Supplies | [Blank] |

### Non-registered Caregiver Services

<table>
<thead>
<tr>
<th>Case Management</th>
<th>Nutrition Counseling</th>
<th>Health Education</th>
<th>Nutrition Educ.</th>
<th>Transportation</th>
<th>Information &amp; Assistance</th>
<th>Outreach</th>
<th>Other</th>
</tr>
</thead>
</table>

### Caregiver History

1. How did the caregiver hear about this program (referral source)?
   - Newspaper
   - Television
   - Brochure
   - Friend
   - Agency
   - Web Site
   - Physician
   - Health Care Provider
   - Other

2. Caregiver relationship to Care Recipient (check all that apply):
   - Spouse
   - Daughter
   - Son
   - Daughter-in-Law
   - Son-in-Law
   - Parent
   - Grandparent
   - Other Relative
   - Non-Relative

3. How long has the Caregiver provided care to the Care Recipient?
   - 0-6 months
   - 7-12 months
   - 13-36 months
   - 37+ months

4. How long does it take to get to the Care Recipient's home?
   - Less than 1 hour
   - 1-3 hours
   - More than 3 hours
   - Caregiver Lives w/ Care Recipient

5. Caregiver provides care to Care Recipient:
   - Daily
   - Several times a week
   - Weekly
   - Less than 1 Day/Week
   - Monthly
   - Occasionally

6. Does the Caregiver provide hands-on care to Care Recipient?:
   - Yes
   - No
   - If yes, hands-on care is provided: (Check the appropriate number of hours and frequency e.g., 1-3 hours per week)
     - Less than 1 hour
     - 1-3 hours
     - More than 3 hours
     - Per Day
     - Per Week
     - Per Month

7. Caregiver is employed:
   - Full Time
   - Part Time
   - Not Employed

8. Caregiver's health is:
   - Excellent
   - Good
   - Fair
   - Poor

9. Are other friends or family members willing and capable to help care for the Care Recipient?:
   - Yes
   - No

10. How many Care Recipients does the Caregiver care for?:
    2

10a. How many is the Caregiver the primary caregiver for?:
    2

11. How many dependents does the Caregiver have:
    - Under age 19:
    - Age 19-59:
    - Over age 59:
    - 3

12. Is this a Kinship Care family/situation?:
    - Yes
    - No

---

I understand that the confidential information I am providing on this form will be used for state and federal reporting requirements, program management, quality assurance, public safety and research. No other use of personal identifying information on this form is intended unless I authorize it or a court orders it.

Signature:

[Date]: 08/12/2004

Draft [22]
# NAPIS Client Registration Form (Page 2 - Caregiver Services)

## Caregiver Services Information

<table>
<thead>
<tr>
<th>Counseling Services</th>
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</thead>
<tbody>
<tr>
<td>Individual Counseling</td>
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</tr>
<tr>
<td>Support Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Counseling</td>
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</table>

<table>
<thead>
<tr>
<th>Respite Care Services</th>
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</tr>
</thead>
<tbody>
<tr>
<td>In Home Respite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chore</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homemaker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Del Meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health Aide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kinship</td>
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<td></td>
<td></td>
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<tr>
<td>Overnight</td>
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<td></td>
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<tr>
<td>Personal Care</td>
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<tr>
<td>Specialized</td>
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<tr>
<td>Volunteer Respite</td>
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<td>Adult Day Care</td>
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<td>Direct Payment</td>
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<tr>
<td>Other (specify other below if applicable)</td>
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<tr>
<td>Home Modification</td>
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<td>PERS</td>
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</tr>
<tr>
<td>Medical Equip/Supplier</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Caregiver History

1. How did caregiver hear about this program (referral source)?
   - Newspaper
   - Television
   - Brochure
   - Friend
   - Agency
   - Web Site
   - Physician
   - Health Care Provider
   - Other

2. Caregiver relationship to Care Recipient (check all that apply):
   - Spouse
   - Daughter
   - Son
   - Daughter-in-Law
   - Son-in-Law
   - Parent
   - Grandparent
   - Other Relative
   - Non-Relative

3. How long has the Caregiver provided care to the Care Recipient?
   - 0-6 months
   - 7-12 months
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   - 37+ months

4. How long does it take to get to the Care Recipient's home?
   - Less than 1 hour
   - 1-3 hours
   - More than 3 hours
   - Caregiver Lives w/ Care Recipient

5. Caregiver provides care to Care Recipient:
   - Daily
   - Several times a week
   - Weekly
   - Less Than 1 Day/Week
   - Monthly
   - Occasionally

6. Does the Caregiver provide hands-on care to Care Recipient?
   - Yes
   - No
   - If yes, hands-on care is provided:
     - (Check the appropriate number of hours and frequency e.g., 1-3 hours per week)
     - Less than 1 hour
     - 1-3 hours
     - More than 3 hours
     - Per Day
     - Per Week
     - Per Month

7. Caregiver is employed:
   - Full Time
   - Part Time
   - Not Employed

8. Caregiver's health:
   - Excellent
   - Good
   - Fair
   - Poor

9. Are other friends or family members willing and capable to help care for the Care Recipient?
   - Yes
   - No

10. How many Care Recipients does the Caregiver care for?
    - 2

10a. How many is the Caregiver the primary caregiver for?
    - 2

11. How many dependents does the Caregiver have:
    - Under age 19: 3
    - Age 19-59: 
    - Over age 59:

12. Is this a Kinship Care family/situation?
    - Yes
    - No

I understand that the confidential information I am providing on this form will be used for state and federal reporting requirements, program management, quality assurance, public safety and research. No other use of personal identifying information on this form is intended unless I authorize it or a court orders it.

Signature

08/12/2004
Draft
Scenario 5: Sara (age 44) – Parent caring for a disabled adult

Sara is a 44 year-old female who cares for a twenty-one year-old disabled adult son. Sara is likely to be eligible for caregiver services funded by Tobacco Settlement Respite (TSR) based on her caregiving responsibilities. As a 44 year-old, Sara is not eligible for care recipient services.

Sara’s NAPIS Registration Form

The caregiver registration box located at her top of her NAPIS registration form will be checked. Sara’s name, contact and demographic information will be filled out on the top half of page one of the NAPIS form.

Care Recipient Services

Because Sara is not eligible for care recipient services, we will not complete the lower half of page one the NAPIS form (i.e., Care Recipient Services Information, Nutritional Risk, and the ADL and IADL sections).

Caregiver Services

Since Sara is a caregiver, we complete page two of the NAPIS form. On page two we identify the caregiver services Sara will receive (adult day care and overnight respite). Sara works full-time and is on-call one Saturday per month (i.e., 12:00 p.m. Saturday through 12:00 p.m. Sunday). Adult day care will help her care for her son while she is at work during the week. She will use overnight respite if she is called away on a weekend when the adult day care center is not open. Page two also collects basic information about Sara’s son. This is self-reported by Sara, and information on her son’s name and social security number is optional. Sara should indicate her son’s date of birth, her son’s ADL and cognitive limitations, and information about her caregiving history (how long, how frequently, her health status, does she care for others). The end of page two includes a question on Kinship Care. Because Sara is not receiving services for a kinship care situation (grandparent raising a grandchild) we do not need to complete the third page of the NAPIS registration form.

Sara registration is now complete for her caregiver service registration. See Attachment F for an example of Sara’s completed NAPIS registration Form.

The AAA enters this information into the NAPIS application (manually or through the NAPIS importer) to establish Sara’s NAPIS registration record.

Sara’s NAPIS Units Posting

When reporting units of service for Sara, we access her record in NAPIS and post units under the caregiver services link. For example, we post 15 units of adult day care and 5 units of overnight respite care services for the first quarter.

Funding Sara’s Caregiver Services

AAAs will need to determine how certain caregiver services will be funded so that resources are optimized. Some caregiver services can be funded by more than one caregiver fund source. In the example above, Sara is to receive adult day care and overnight respite care services. Because of her situation (i.e., Sara is under age 60 and she is caring for a disabled adult over age 18) the AAA will purchase Sara’s services from Tobacco Settlement Respite (TSR) funds.
NAPIS Client Registration Form

**Confidential Information**
- CARE_RCIEPTEN_REGIONISTRATION
- CAREGIVER_REGIONISTRATION

**Form Date**
- 1/1/23/2004

**Vendor ID**
- C33-3333333

**Social Security Number**
- 04-000-122222

**Date of Birth**
- 10/01/1960

**First Name**
- Sarah

**Last Name**
- White

**Address**
- 395 Avenue B

**City**
- Cleandrive

**State**
- MI

**Zip Code**
- 33333

**Mail Address**
- (Optional)

**City**
- (Optional)

**State**
- (Optional)

**Phone**
- ( ) -

**Gender**
- Male

**Race**
- White

**Multi-Racial Status**
- (mark all that apply)
- Yes

**Is Client Hispanic?**
- Yes

**Client Intake Date**
- 6/6/99

**Care Recipient Services Information**

<table>
<thead>
<tr>
<th>Cluster I Services</th>
<th>Start Date</th>
<th>Cluster II Services</th>
<th>Cluster III Services</th>
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<tbody>
<tr>
<td>Care Management</td>
<td>/ / / /</td>
<td>Congregate Meals</td>
<td>Info &amp; Assistance</td>
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<tr>
<td>Care Coord/Support</td>
<td>/ / / /</td>
<td>Nutrition Counseling</td>
<td>Legal Services</td>
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<td>Outreach</td>
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</table>

**Nutritional Status Information**

The High Nutritional Risk determination in #1 below is required for Care Recipients receiving any of these services: Home Delivered Meals, Congregate Meals, Care Mgmt/Care Coord, Nutrition Counseling. NOTE - The Nutritional Risk score in #1a is recommended but not required.

1) Is Care Recipient at High Nutritional Risk? (Screen score of 6 or more is High Risk)
- Yes
- No

1a) Score from High Nutritional Risk Screen (Numeric Score)
- 

This section is required for Care Recipients receiving Cluster I services. Mark all activities that require assistance.

**Activities of Daily Living**
- Eating / Feeding
- Toiletting
- Bladder Function
- Bowel Function
- Walking
- Wheeling
- Stair Climbing
- Bed Mobility

**Instrumental Activities of Daily Living**
- Shopping
- Handling Finances
- Heavy Cleaning
- Light Cleaning
- Using Public Transportation
- Using Private Transportation

**Other**
- Cooking Meals
- Reheating Meals
- Keeping Appointments
- Heating Home
- Using Phone

C S A H A P I S F Y 2 0 0 5
08/31/2004

Draft
# NAPIS Client Registration Form (Page 2 - Caregiver Services)

<table>
<thead>
<tr>
<th>Care Recipient's First Name</th>
<th>Care Recipient's Last Name</th>
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<table>
<thead>
<tr>
<th>Care Recipient Social Security Number (Optional)</th>
<th>Care Recipient Date Of Birth</th>
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## Caregiver Services Information

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<tr>
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<td>□ Homemaker</td>
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<tr>
<td>□ Adult Day Care</td>
<td>12/01/2004</td>
</tr>
<tr>
<td>□ Direct Payment</td>
<td>/ / /</td>
</tr>
<tr>
<td>□ Other</td>
<td>/ / /</td>
</tr>
</tbody>
</table>

## Caregiver History

1) How did caregiver hear about this program (referral source)?
   - Newspaper
   - Television
   - Brochure
   - Friend
   - Agency
   - Web Site
   - Physician
   - Health Care Provider
   - Other

2) Caregiver relationship to Care Recipient (check all that apply):
   - Spouse
   - Daughter
   - Son
   - Daughter-in-Law
   - Son-in-Law
   - Parent
   - Grandparent
   - Other Relative
   - Non-Relative

3) How long has the Caregiver provided care to the Care Recipient?
   - 0-6 months
   - 7-12 months
   - 13-36 months
   - 37+ months

4) How long does it take to get to the Care Recipient’s home?
   - Less than 1 hour
   - 1-3 hours
   - More than 3 hours
   - Caregiver Lives w/ Care Recipient

5) Caregiver provides care to Care Recipient:
   - Daily
   - Several times a week
   - Weekly
   - Less Than 1 Day/Week
   - Monthly
   - Occasionally

6) Does the Caregiver provide hands-on care to Care Recipient?:
   - Yes
   - No

   If yes, hands-on care is provided:
   - Check the appropriate number of hours and frequency e.g., 1-3 hours per week
   - O Less than 1 hour
   - O 1-3 hours
   - O More than 3 hours
   - O Per Day
   - O Per Week
   - O Per Month

7) Caregiver is employed:
   - Full Time
   - Part Time
   - Not Employed

8) Caregiver’s health is:
   - Excellent
   - Good
   - Fair
   - Poor

9) Are other friends or family members willing and capable to help care for the Care Recipient?:
   - Yes
   - No

10) How many Care recipients does the Caregiver care for?:
    1

10a) How many is the Caregiver the primary caregiver for?:

11) How many dependents does the Caregiver have:

   - Under age 19:
   - Age 19-59:
   - Over age 59:

12) Is this a Kinship Care family/situation?
   - Yes
   - No

---

This is required for Caregivers receiving any of these services: Respite Care (all forms) & Defined Supplemental Services

1) Does the care recipient need assistance with 2 or more activities of daily living (ADLs)?
   - Yes
   - No

2) Does the care recipient have a cognitive impairment (e.g., Alzheimer’s Dementia, etc.)?
   - Yes
   - No

---

I understand that the confidential information I am providing on this form will be used for state and federal reporting requirements, program management, quality assurance, public safety and research. No other use of personal identifying information on this form is intended unless I authorize it or a court orders it.

Signature

CSA NAPIS FY 2005
08/12/2004
Draft
Scenario 6: Jennifer (age 44) & Jane (age 40) - Siblings caring for aging parents

Jennifer is a 44 year-old who cares for her 75 year-old Mother (Beatrice) and 78 year-old father (Reginald). Reginald is quite frail and will likely need to be moved to a nursing home in the next few weeks. Jennifer lives in approximately 1 hour by car away from her parents. Jennifer is eligible for caregiver services funded by Title III-E NFCSP, State Escheat Respite (State Respite), and/or Tobacco Settlement Respite (TSR) to support her caregiving responsibilities. As a 44 year old, Jennifer is not eligible for care recipient services.

Jennifer’s sister, Jane (age 40), also cares for her parents and she lives very close to them. Jane is eligible for caregiver services funded by Title III-E NFCSP, State Escheat Respite (State Respite), and/or Tobacco Settlement Respite (TSR) based on her caregiving responsibilities. As a 40 year-old, Jane is not eligible for care recipient services as she is not age 60.

Because we have two caregivers in this situation, we have two separate clients of caregiver services, even though they are both caring for the same parents. We will have two separate NAPIS forms. Because Jennifer and Jane live in different counties of the state but within a single AAA planning and service area, one AAA will maintain both NAPIS client registrations.

NOTE - Because Jane and Jennifer’s parents are over age 60, there are a variety of care recipient services that they can receive on their own behalf. These services are in addition to any services that Jane and Jennifer are able to help them with as caregivers. See #3 under Special Considerations (page 14).

Jennifer’s NAPIS Registration Form

For Jennifer, the caregiver registration boxes located at the top of the NAPIS registration form will be checked. Her name, contact and demographic information on the top half of the form will be completed.

Care Recipient Services

Because Jennifer is not eligible for care recipient services, we will not complete the lower half of page one the NAPIS form (i.e., Care Recipient Services Information, Nutritional Risk, and the ADL and IADL sections).

Caregiver Services

Page two collects information on the caregiver services that Jennifer will receive, ADL and cognitive limitations for the individuals she is caring for, and information about her history as a caregiver (how long, how frequently, her health status, does she care for others). Because Jennifer is caregiving from a distance, respite is probably not an appropriate service for her on an ongoing basis. Her parents do not live with her and she is not dropping them off at an adult day center. Caregiver counseling is an appropriate because she needs to better understand the insurance coverages and long-term care services available to her parents as they become less able to stay independent.

Because Jennifer is a caregiver for two care recipients the agency completing the form is presented with a challenge. The NAPIS form has room for one care recipient name on page two. Jennifer and the agency completing the form can do one of the following:

1) Complete a “NAPIS form page two” for each parent. One of which would be fully completed (e.g., mom’s), the other would contain only the care recipient information (name, DOB, etc.) that was not on the other “page two”.

2) Identify one parent as the primary care recipient for which the caregiver is receiving services and note this person’s information on the page two of the NAPIS form.
3) The caregiver may decide not to provide any information on the parents’ names or DOB’s. The form would collect the total number of care recipients that the caregiver is caring for (question 10 on form), but not specific information on each care recipient.

Jennifer decided not to complete the care recipient information on the top of page two (option #3 above). Jennifer will respond to question 10 on page two of the form as follows:

10) How many care recipients does the Caregiver care for: 2
10a) How many is the caregiver the primary caregiver for: 0

The end of the page two includes a question on Kinship Care. Because Jennifer is not receiving services for a kinship care situation (grandparent raising a grandchild) we do not need to complete the third page of the NAPIS form.

Jennifer’s registration is now complete for her caregiver service registration. See Attachment G for an example of Jennifer’s completed NAPIS registration Form

The AAA enters this information into the NAPIS application (manually or through the NAPIS importer) to establish Jennifer’s NAPIS registration record.

Jennifer’s NAPIS Units Posting

When reporting units of service for Jennifer, the AAA will access her record and post units. For caregiver services 15 units of caregiver counseling services are posted under the caregiver unit-posting link.

Funding Jennifer’s Caregiver Services

AAAs will need to determine how certain caregiver services will be funded so that resources are optimized. Some services can be funded as either care recipient or caregiver services. Fund sources also vary on the services that can be funded. For example, Jennifer’s caregiver counseling services can be funded from Title III-E, but they cannot be funded with State Respite or TSR funds.

Jane’s NAPIS Registration Form

For Jane, the caregiver registration box located at the top of the NAPIS registration form will be checked. Her name, contact and demographic information on the top half of page one will be completed.

Care Recipient Services

Because Jane is not eligible for care recipient services, we will not complete the lower half of page one the NAPIS form (i.e., Care Recipient Services Information, Nutritional Risk, and the ADL and IADL sections).

Caregiver Services

Since Jane is caregiver, we complete page two of the NAPIS form to identify the caregiver services she will receive and information about her parents. Jane’s parents live close to her but they are frail and they are not able to care for themselves for long periods of time while she is at work. Jane works part time (10:00 a.m. - 5:00 pm, 3 days per week). She will be registered for adult day care so that she can drop her parents off at an adult day center on the days that she works. This service is checked on page two and the start date is entered.
Because Jane is caring for two care recipients (i.e., her parents) the agency completing the form is presented with a challenge. The NAPIS form has room for one care recipient name on page two. Jane and the agency completing the form can do one of the following:

4) Complete a second “NAPIS form page two” for each parent. One of which would be fully completed (e.g., mom’s), the other would contain only the care recipient information (name, DOB, etc.) that was not on the others “page two”.

5) Identify one parent as the primary care recipient for which the caregiver is receiving services and note this person’s information on the page two of the NAPIS form.

6) The caregiver may decide not to provide any information on the parents’ names or DOB’s. The form would collect the total number of care recipients the caregiver is caring for (i.e., question 10), but not specific information on each care recipient.

Jane decided to complete one copy of page two (option #2 above) on her mother as the primary care recipient because her father is frail and will be moved to a long-term care facility. Information on date of birth, and ADL and cognitive impairment, etc. is included for her mother.

Because Jane is not receiving kinship care we do not need to complete the third page of the NAPIS form.

Jane’s registration is now complete for her caregiver services. See Attachment H for an example of Jane’s completed NAPIS registration Form.

The AAA enters this information into the NAPIS application (manually or through the NAPIS importer) to establish Jane’s NAPIS registration record.

Jane’s NAPIS Units Posting

When reporting units of service for Jane the AAA accesses the units posting link in her NAPIS record and posts 250 units of adult day services for the first quarter.

Funding Jane’s Caregiver Services

AAAs will need to determine how certain caregiver services will be funded so that resources are optimized. Some caregiver services can be funded by more than one fund source. In the example above, Jane is to receive adult day care. This service can be funded from Title III-E funds, TSR or State Respite funds. The AAA purchasing the services will need to determine the best funding option or mix for the funds sources that are available. The AAA has chosen to fund Jane’s adult day care service from a mix of Title III-E, TSR, and State Respite funds.

Special Considerations on Funding and Reporting Jennifer and Jane’s Caregiver Services

1) In Jennifer and Jane’s scenarios above, services will most likely be funded and reported by a single AAA. This is because Jennifer and Jane live within a single AAA planning and service area. Both Jane and Jennifer are eligible for caregiver services, but they will be registered for different caregiver services based upon the nature of their support to their parents. Jennifer will receive caregiver counseling because she is caring for her parents from a distance and not on a daily basis. Jane will receive adult day care because she is providing the day-to-day, hands-on care.
2) In cases where two caregivers are caring for one or more care recipients, agencies may determine that it is appropriate to identify one of the caregivers as the primary caregiver. The primary caregiver would be registered in NAPIS. All NAPIS services and reporting would be targeted to the primary caregiver. The determination to identify a primary caregiver depends upon the nature and frequency of care that is being provided by each caregiver.

In the scenario above, if Jane is clearly taking on most or all of the caregiving duties, it may be appropriate to complete a NAPIS registration form for Jane as the primary caregiver. Jennifer would not be registered in NAPIS. All services and units would be reported in NAPIS under Jane’s record. Jennifer may be providing episodic or infrequent care, but caregiver services will be registered and reported under Jane’s NAPIS record based on the nature of care she is providing to her parents.

3) Because Jane and Jennifer’s parents (Beatrice and Reginald) are frail and over age 60 they are both eligible for care recipient services funded by the Older Americans Act or state aging funds. These services are in addition to any services that Jane and Jennifer are able to help them with as caregivers. For example, Beatrice and Reginald are likely to be eligible for home delivered meals and other in-home services. To register the parents for home delivered meals or any other care recipient services (e.g., homemaker, chore, etc.), a NAPIS registration form would be completed on one or both parents (depending on whether or not one or both parents are going to registered as service recipients). In this case, because Reginald is very frail and will leave home soon for a nursing facility, only Beatrice will be registered for home delivered meals and homemaker services. For care recipient services for non-caregivers, only page one of the NAPIS form is required to be filled out.

See Attachment I for an example of Beatrice’s completed NAPIS registration Form (Jane & Jennifer’s Mother).
**NAPIS Client Registration Form**

**CAREGIVER_REGISTRATION**

**Vendor ID**

**Social Security Number**

**Date Of Birth**

**First Name**

**Last Name**

**Address**

**City**

**State**

**Zip Code**

**Phone**

**Gender**

**Income Status**

**Race**

**Multi-Racial Status**

**Client Intake Date**

**Care Recipient Services Information**

**Cluster I Services**

- Care Management
- Care Coord/Support
- Home Health Aide
- Personal Care
- Homemaker
- Chore Services
- Home Deliv’d Meals

**Cluster II Services**

- Congregate Meals
- Nutrition Counseling
- Assisted Transportation

**Cluster III Services**

- Info & Assistance
- Legal Services
- Medication Mgt.
- Ombudsman
- Other
- PERs
- Senior Ctr Operations
- Senior Ctr Staff
- Transportation
- Vision Services

**Nutritional Status Information**

The High Nutritional Risk determination in #1 is required for Care Recipients receiving any of these services: Home Delivered Meals, Congregate Meals, Care Mgmt./Case Coord, Nutrition Counseling. NOTE - The Nutritional Risk Score in #1a is recommended but not required.

1) Is Care Recipient at High Nutritional Risk? **Yes** **No**

1a) Score from High Nutritional Risk Screen (Numeric Score) **__**

This section is required for Care Recipients receiving Cluster I services. Mark all activities that require assistance.

**Activities of Daily Living**

- Eating / Feeding
- Dressing
- Bathing
- Walking
- Stair Climbing
- Bed Mobility

**Instrumental Activities of Daily Living**

- Shopping
- Handling Finances
- Heavy Cleaning
- Using Public Transportation

**Instrumental Activities of Daily Living**

- Cooking Meals
- Doing Laundry
- Reheating Meals
- Keeping Appointments
- Taking Medication
- Heating Home
- Using Phone

**Mobility**

- Mobility Level
- Using Private Transportation

**Date**

**08/31/2004**
# NAPIS Client Registration Form (Page 2 - Caregiver Services)

<table>
<thead>
<tr>
<th>Care Recipient's First Name</th>
<th>Care Recipient Social Security Number (Optional)</th>
<th>Care Recipient's Last Name</th>
<th>Care Recipient Date Of Birth</th>
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<tbody>
<tr>
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## Caregiver Services Information

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<thead>
<tr>
<th>Registered Caregiver Services</th>
<th>Start Date</th>
</tr>
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<tbody>
<tr>
<td>Counseling</td>
<td>12/15/2004</td>
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<tr>
<td>Individual Counseling</td>
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<tr>
<td>Support Group</td>
<td></td>
</tr>
<tr>
<td>Caregiver Training</td>
<td></td>
</tr>
<tr>
<td>Other Counseling</td>
<td></td>
</tr>
<tr>
<td>Respite Care Services</td>
<td></td>
</tr>
<tr>
<td>In Home Respite</td>
<td></td>
</tr>
<tr>
<td>Chore</td>
<td></td>
</tr>
<tr>
<td>Homemaker</td>
<td></td>
</tr>
<tr>
<td>Home Del Meals</td>
<td></td>
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<tr>
<td>Home Health Aide</td>
<td></td>
</tr>
<tr>
<td>Kinship</td>
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</tr>
<tr>
<td>Overnight</td>
<td></td>
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<tr>
<td>Personal Care</td>
<td></td>
</tr>
<tr>
<td>Specialized</td>
<td></td>
</tr>
<tr>
<td>Volunteer Respite</td>
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</tr>
<tr>
<td>Adult Day Care</td>
<td></td>
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<tr>
<td>Direct Payment</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</table>

## Defined Supplemental Services

<table>
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<tr>
<th>Non-registered Caregiver Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
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<tr>
<td>Nutrition Counseling</td>
</tr>
<tr>
<td>Health Education</td>
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<tr>
<td>Nutrition Educ.</td>
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<tr>
<td>Transportation</td>
</tr>
<tr>
<td>Information &amp; Assistance</td>
</tr>
<tr>
<td>Outreach</td>
</tr>
<tr>
<td>Other (specify other if applicable)</td>
</tr>
<tr>
<td>Home Modification</td>
</tr>
<tr>
<td>PERS</td>
</tr>
<tr>
<td>Medical Equip/Supplies</td>
</tr>
</tbody>
</table>

## Caregiver History

1) How did caregiver hear about this program (referral source)?
   - Newspaper
   - Television
   - Brochure
   - Friend
   - Agency
   - Web Site
   - Physician
   - Health Care Provider
   - Other

2) Caregiver relationship to Care Recipient (check all that apply):
   - Spouse
   - Daughter
   - Son
   - Daughter-in-Law
   - Son-in-Law
   - Parent
   - Grandparent
   - Other Relative
   - Non-Relative

3) How long has the Caregiver provided care to the Care Recipient?
   - 0-6 months
   - 7-12 months
   - 13-36 months
   - 37+ months

4) How long does it take to get to the Care Recipient's home?
   - Less than 1 hour
   - 1-3 hours
   - More than 3 hours
   - Caregiver Lives w/ Care Recipient

5) Caregiver provides care to Care Recipient:
   - Daily
   - Several times a week
   - Monthly
   - Occasionally

6) Does the Caregiver provide hands-on care to Care Recipient? (Check the appropriate number of hours and frequency e.g., 1-3 hours per week)
   - Yes
   - No
   - Less than 1 hour
   - 1-3 hours
   - More than 3 hours
   - Per Day
   - Per Week
   - Per Month

7) Caregiver is employed:
   - Full Time
   - Part Time
   - Not Employed

8) Caregiver's health is:
   - Excellent
   - Good
   - Fair
   - Poor

9) Are other friends or family members willing and capable to help care for the Care Recipient?
   - Yes
   - No

10) How many Care Recipients does the Caregiver care for:
    - 2
    - 10

11) How many dependents does the Caregiver have:
    - Under age 19
    - Age 19-59
    - Over age 59

12) Is this a Kinship Care family/situation?
    - Yes
    - No

---

I understand that the confidential information I am providing on this form will be used for state and federal reporting requirements, program management, quality assurance, public safety and research. No other use of personal identifying information on this form is intended unless I authorize it or a court orders it.

Signature: [Handwritten Signature]

Date: 08/12/2004

[Handwritten Signature]

[Stamp or seal]
NAPIS Client Registration Form

Form Date: 11/20/2009

*Confidential Information*

CARE_RECIPIENT_REGISTRATION [ ] CAREGIVER_REGISTRATION [X]

Vendor ID: 

Region ID: 01 DDR 22 - 3333

Social Security Number (Optional): 16/01/1969

Date Of Birth: 16/01/1969

Site: 22 - 22 - 3956

First Name: [ ]

Last Name: [ ]

Mid Initial: [ ]

Address: 1222 TITTLE ST

City: RIVER TOWN

State: MI

Zip Code: 22222

County: 24

Township: 12

Phone: [ ]

Gender: [ ] Male [ ] Female

Lives Alone: [ ] Yes [ ] No

Income Status: [ ] Yes [ ] No

Monthly income is below the poverty level? [ ] Yes [ ] No

(See instructions for income details)

Race: [ ] White [ ] Asian [ ] Hawaiian/Pacific Islander

[ ] Black [ ] American Indian/Eskimo/Aleut

Multi-Racial Status: [ ] White [ ] Asian [ ] Hawaiian/Pacific Islander

[ ] Black [ ] American Indian/Eskimo/Aleut

Is Client Hispanic? [ ] Yes [ ] No

Client Intake Date: 11/20/2009

(Date of client's initial NAPIS service registration, e.g., 10/01/1999)

Care Recipient Services Information

Cluster I Services

[ ] Care Management

[ ] Care Coord/Support

[ ] Home Health Aide

[ ] Personal Care

[ ] Homemaker

[ ] Chore Services

[ ] Home Delivered Meals

[ ] Congregate Meals

[ ] Nutrition Counseling

[ ] Assisted Transportation

Cluster III Services

[ ] Info & Assistance

[ ] Legal Services

[ ] Medication Mgmt.

[ ] Ombudsman

[ ] Other [ ] PERS

[ ] Friendly Reassurance

[ ] Outreach

[ ] Health Screening

[ ] Senior Ctr Operations

[ ] Hearing Services

[ ] Senior Ctr Staff

[ ] Transportation

[ ] Home Injury Control

[ ] Home Repair

[ ] Vision Services

Nutritional Status Information

The High Nutritional Risk determination in #1 below is required for Care Recipients receiving any of these services: Home Delivered Meals, Congregate Meals, Care Mgmt/Care Coord, Nutrition Counseling. NOTE - The Nutritional Risk score in #1a is recommended but not required.

1) Is Care Recipient at High Nutritional Risk? (Screen score of 6 or more is High Risk) [ ] Yes [ ] No

1a) Score from High Nutritional Risk Screen (Numeric Score) [ ]

This section is required for Care Recipients receiving Cluster I services. Mark all activities that require assistance.

Activities of Daily Living

[ ] Eating/Feeding [ ] Toiletting [ ] Bladder Function

[ ] Bowel Function [ ] Wheeling [ ] Stair Climbing

[ ] Bed Mobility [ ] Mobility Level

Instrumental Activities of Daily Living

[ ] Shopping [ ] Handing Finances [ ] Heavy Cleaning

[ ] Light Cleaning [ ] Using Public Transportation [ ] Using Private Transportation

[ ] Cooking Meals [ ] Reheating Meals [ ] Keeping Appointments

[ ] Taking Medication [ ] Heating Home [ ] Using Phone

CSA NAPIS FY 2005

08/31/2004

Draft
### NAPIS Client Registration Form (Page 2 - Caregiver Services)

#### Care Recipient's Information
- **First Name:** BEATHWIC
- **Last Name:** GREY
- **Social Security Number:** 000 - 99 - 0000
- **Date of Birth:** 10/01/1929

#### Caregiver Services Information
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<td>- Other (specify/other below if applicable)</td>
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#### Caregiver History
1. How did the caregiver hear about this program (referral source)?
   - [ ] Newspaper
   - [ ] Television
   - [ ] Brochure
   - [ ] Friend
   - [ ] Agency
   - [ ] Web Site
   - [ ] Physician
   - [ ] Health Care Provider
   - [ ] Other

2. Caregiver relationship to Care Recipient (check all that apply):
   - [ ] Spouse
   - [ ] Daughter
   - [ ] Son
   - [ ] Daughter-in-Law
   - [ ] Son-in-Law
   - [ ] Parent
   - [ ] Grandparent
   - [ ] Other Relative
   - [ ] Non-Relative

3. How long has the Caregiver provided care to the Care Recipient?
   - [ ] 0-6 months
   - [ ] 7-12 months
   - [ ] 13-36 months
   - [ ] 37+ months

4. How long does it take to get to the Care Recipient's home?
   - [ ] Less than 1 hour
   - [ ] 1-3 hours
   - [ ] More than 3 hours
   - [ ] Caregiver Lives w/ Care Recipient

5. Caregiver provides care to Care Recipient:
   - [ ] Daily
   - [ ] Several times a week
   - [ ] Weekly
   - [ ] Less than 1 Day/Week
   - [ ] Monthly
   - [ ] Occasionally

6. Does the Caregiver provide hands-on care to Care Recipient? (Check the appropriate number of hours and frequency e.g., 1-3 hours per week)
   - [ ] Yes
   - [ ] No
   - [ ] Less than 1 hour
   - [ ] 1-3 hours
   - [ ] More than 3 hours
   - [ ] Per Day
   - [ ] Per Week
   - [ ] Per Month

7. Caregiver is employed:
   - [ ] Full Time
   - [ ] Part Time
   - [ ] Not Employed

8. Caregiver’s health is:
   - [ ] Excellent
   - [ ] Good
   - [ ] Fair
   - [ ] Poor

9. Are other friends or family members willing and capable to help care for the Care Recipient? (Check Yes or No)
   - [ ] Yes
   - [ ] No

10. How many Care Recipients does the Caregiver care for?
    - [ ] 2

11. How many dependents does the Caregiver have?
    - [ ] 0

12. Is this a Kinship Care family/situation? (Q.12 refers to Kinship supported w/ grant funds. If Yes, complete Kinship Care Page 3. If No, don’t complete p.3)
    - [ ] Yes
    - [ ] No

#### Care Recipient Status Information
- This is required for Caregivers receiving any of these services: Respite Care (all forms) & Defined Supplemental Services
- 1) Does the care recipient need assistance with 2 or more activities of daily living (ADLs)?
  - [ ] Yes
  - [ ] No
- 2) Does the care recipient have a cognitive impairment (e.g., Alzheimer’s Dementia, etc.)?
  - [ ] Yes
  - [ ] No

I understand that the confidential information I am providing on this form will be used for state and federal reporting requirements, program management, quality assurance, public safety and research. No other use of personal identifying information on this form is intended unless I authorize it or a court orders it.

Signature

OSA NAPIS FY2005

Date: 08/12/2004

Draft
**Confidential Information**

**CARE_RECIPIENT_REGISTRATION**

---

**Vendor ID**

| 22 - 22222222 |

**Site**

| 01 0000 - 99 - 0000 |

**Region ID**

| 01 0000 - 99 - 0000 |

**Social Security Number**

| 01 0000 - 99 - 0000 |

**Date Of Birth**

| 10/10/1925 |

**First Name**

| BEATRICE |

**Last Name**

| GLEY |

**Address**

| 833 TREE ST |

**City**

| RIVERTOWN |

**State**

| MI |

**Zip Code**

| 22222 |

**Plus 4**

| 24 12 |

**Mail Address**

| (Optional) |

**City**

| (Optional) |

**State**

| (Optional) |

---

**Income Status**

| Yes | No |

---

**Race**

| White | Asian | Hawaiian / Pacific Islander |

| Black | American Indian / Eskimo / Aleut |

---

**Multi-Racial Status**

| Yes | No |

---

**Is Client Hispanic?**

| Yes | No |

---

**Client Intake Date**

| 12/01/1998 |

---

**Care Recipient Services Information**

<table>
<thead>
<tr>
<th>Cluster I Services</th>
<th>Cluster II Services</th>
<th>Cluster III Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Management</td>
<td>Congregate Meals</td>
<td>Info &amp; Assistance</td>
</tr>
<tr>
<td>Care Coord/Support</td>
<td>Nutrition Counseling</td>
<td>Legal Services</td>
</tr>
<tr>
<td>Home Health Aide</td>
<td>Assisted Transportation</td>
<td>Medication Mgt.</td>
</tr>
<tr>
<td>Personal Care</td>
<td></td>
<td>Nutrition Education</td>
</tr>
<tr>
<td>Homemaker</td>
<td></td>
<td>Elder Abuse Prev</td>
</tr>
<tr>
<td>Chore Services</td>
<td></td>
<td>Friendly Reassurance</td>
</tr>
<tr>
<td>Home Deliv'd Meals</td>
<td></td>
<td>Health Screening</td>
</tr>
</tbody>
</table>

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**Nutritional Status Information**

The High Nutritional Risk determination in #1 below is required for Care Recipients receiving any of these services: Home Delivered Meals, Congregate Meals, Care Mgmt/Care Coord. Nutrition Counseling. NOTE - The Nutritional Risk score in #1 is recommended but not required.

1) Is Care Recipient at High Nutritional Risk? (Screen score of 6 or more is High Risk)

| Yes | No |

---

1a) Score from High Nutritional Risk Screen (Numeric Score)

| 11 |

---

**Activities of Daily Living**

<table>
<thead>
<tr>
<th>Eating / Feeding</th>
<th>Toiletting</th>
<th>Bladder Function</th>
<th>Bowel Function</th>
<th>Walking</th>
<th>Stair Climbing</th>
<th>Bed Mobility</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>All</td>
<td>None</td>
<td>All</td>
<td>None</td>
<td>All</td>
<td>All</td>
</tr>
</tbody>
</table>

---

**Instrumental Activities of Daily Living**

<table>
<thead>
<tr>
<th>Shopping</th>
<th>Handing Finances</th>
<th>Heavy Cleaning</th>
<th>Light Cleaning</th>
<th>Using Public Transportation</th>
<th>Using Private Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>All</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

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08/31/2004

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08/31/2004

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08/31/2004

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