



**CONFIDENTIAL**

<b>CONTRACTOR:</b>						<b>DATE:</b>							
<b>CARE RECEIVER'S INFORMATION</b>													
<b>LAST NAME:</b>						<b>FIRST NAME:</b> (No nicknames)							
<b>Phone:</b>					<b>Birth Date:</b> (Required)								
<b>Street Address:</b>													
<b>City:</b>		<b>ZIP:</b> (Required)				<b>RURAL:</b> (91307, 93066, 93040)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State					
<b>COUNTY – if NOT in Ventura County and in CA:</b>													
<b>MARITAL STATUS:</b> <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State													
<b>RACE – PLEASE CHOOSE (✓) ONE:</b>													
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Cambodian		<input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese		<input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Multiple Race <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander		<input type="checkbox"/> OTHER RACE – Includes Hispanic /Latino <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Declined to State							
<b>Ethnicity:</b>			<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino			<b>Gender:</b>		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Woman <input type="checkbox"/> Declined to State <input type="checkbox"/> Transgender Man					
<b>Veteran Status:</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Client Lives:</b>		<input type="checkbox"/> Alone <input type="checkbox"/> Not Alone					
<b>Preferred Language:</b>										<b>Number of Persons Living in Household:</b>			
<b>INDICATE CARE RECEIVER'S INCOME LEVEL (approximate):</b>								<b>COGNITIVE IMPAIRMENT:</b>					
<b>2-Person Household:</b> <input type="checkbox"/> At or below Federal Poverty Level <i>(at or below \$16,240/year)</i> <input type="checkbox"/> Above Federal Poverty Level <i>(at or above \$16,241/year)</i> <input type="checkbox"/> Declined to State				<b>1-Person Household:</b> <input type="checkbox"/> At or below Federal Poverty Level <i>(at or below \$12,060/year)</i> <input type="checkbox"/> Above Federal Poverty Level <i>(at or above \$12,061/year)</i> <input type="checkbox"/> Declined to State				<input type="checkbox"/> None or Unknown <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe					
<b>CALIFORNIA ACTIVITIES &amp; INSTRUMENTAL ACTIVITIES (IADLS) OF DAILY LIVING (ADLS)</b>													
➔ PLEASE CHECK (✓) ONE OF THE COLUMNS FOR EACH ACTIVITY ➜													
<b>TYPE OF ASSISTANCE NEEDED TO PERFORM TASK ➔</b>		<b>1 - INDEPENDENT</b> Needs No Help	<b>2- VERBAL QUE</b> Needs verbal reminders	<b>3 - STAND BY</b> Needs some human help	<b>4 - HANDS ON</b> Needs lots of human help	<b>5 - DEPENDENT</b> Cannot perform task	<b>Declined to State</b>						
<b>A D L S</b>	<b>Eating</b>												
	<b>Dressing</b>												
	<b>Transferring</b>												
	<b>Bathing</b>												
	<b>Toileting</b>												
<b>Walking</b>													
<b>I A D L S</b>	<b>Light Housework</b>												
	<b>Shopping/Errands</b>												
	<b>Meal Prep/Cleanup</b>												
	<b>Transportation</b>												
	<b>Using Telephone</b>												
	<b>Managing Medications</b>												
<b>S</b>	<b>Managing Money</b>												
	<b>Heavy Housework</b>												