



Family Caregiver Program
Caregiver Registration Form



CAREGIVER INFORMATION

Last Name: First: MI: E-mail Address:

Address: City: State: Zip

Birthdate: Last 4 digits of Soc. Security #: Phone: () -

GENDER

- [] Male
[] Female

RACE

- [] African-American
[] American Indian/Alaskan Native
[] Asian
[] Native Hawaiian/Pacific Islander
[] White

ETHNICITY

- [] Hispanic or Latino
[] Not Hispanic or Latino

As a Family Caregiver, MY relationship to the individual receiving care is:

- (please check one) [] Husband [] Son/Son-in-law [] Other Relative
[] Wife [] Daughter/Daughter-in-Law [] Non-Relative

As the Caregiver of a child 18 and under or an adult under 60, MY relationship to them is:

- (please check one) [] Grandparent [] Other Elderly Relative [] Other Elderly Non-Relative

CARE RECIPIENT INFORMATION

Last Name: First: MI: Birthdate: / /

Address: City: State: Zip -

CAREGIVER SIGNATURE

RELEASE: I understand and agree that the information contained on this form may be released for statistical purposes, and I agree to the release of information for that limited purpose only. I understand that any release of information in identifiable form must be accompanied by a signed consent form and that the information will not be used as an eligibility determination or effect participation as a recipient unless a law has specifically restricted program participation. Aging Resources of Central Iowa does not discriminate based on age, race, gender, national origin, color, creed, religion, political affiliation, or physical or mental disabilities in its employment practices or the provision of services except where it is a requirement of law.

SIGNATURE: DATE:

(For office use only)

Provider: Service: Date Service First Received: / /