The Klamath Tribes
Community Services Department
Primary Caregiver

Date_____ ***Director Approval/Date***_____

Name _____
Last **First** **M**

Physical Address _____

Mailing Address (*if different*) _____

Phone#_____ **Age**_____ **Birth Date**_____

Tribal Affiliation & Roll # _____

Person needing care:

Name (s) & Ages_____

_____

Address _____

Phone Number _____ **Native American** **YES**_____**NO**_____

Tribal Affiliation_____

Primary Caregivers Name(s)_____

Your Monthly Income_____

If single, is the monthly income less than $738.00 **Yes**_____ **No** _____

If a couple, is the monthly income less than $995.00 **Yes**_____ **No** _____

Are you disabled? **Yes**_____ **No** _____

Do you have a chronic illness? **Yes**_____ **No** _____

Do you have a Caregiver? **Yes**_____ **No** _____

Are you are a Caregiver? **Yes**_____ **No** _____

Are you interested in being a Volunteer? **Yes**_____ **No** _____

Would you like to be on the Elders Committee? **Yes**_____ **No** _____

Are you interested in teaching a craft to the elders? **Yes**_____ **No** _____

Ethnicity	Marital Status	Household Composition
□Tribal member □Other tribal □ Asian □ Black □ Caucasian □ Hispanic	□ Divorced □ Married □ Separated □ Single □ Widowed	□ Live alone □ With Caregiver □ With Child □ With Spouse □ Other

Emergency Contact Person_____

Phone#_____

Relationship to Client_____

NOTES

_____

_____

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_____

_____

_____

Case manager use only

Assessment Date		☐ **Home**	☐ **Telephone**	☐ **Office**
Approved Services	☐ **Title VI**	☐ **Title VI -C**	☐ **Title III**	☐ **Meals on Wheels**

Remember that this is a long process and that you should allow at least 6 weeks for The Klamath Tribes to gather all the information to CONTRACT the Respite Care Provider.

Please call Michelle Carson, Elder Outreach Worker if you have any questions. 783-2219 Ext 122

Saved as T:\Respite Care\Respite forms cps and elders info\Primary caregiver & elderly grandparent appl