

**SUA Resource Library:**  
**Grandparent Assessment Materials**



## Foreword

In 2012, the Administration for Community Living (ACL), an operating division of the US Department of Health and Human Services, began a comprehensive evaluation of its National Family Caregiver Support Program (NFCSP). This was the first comprehensive federal evaluation of the NFCSP, which serves over 800,000 family caregivers annually. The NFCSP evaluation has three broad goals to benefit policy and program decision-making:

1. Collect and analyze information on program processes and site operations;
2. Evaluate program efficiency and cost issues for approaches best suited to specific contexts; and
3. Evaluate effectiveness of the program's contribution to family caregivers in terms of maintaining their health and well-being, improving their caregiving skills, and avoiding or delaying institutional care of the care recipient.

As part of the evaluation survey, State Units on Aging (SUAs) were asked to submit relevant documents if they answered 'yes' to any of the following five questions:

- Do you have a statewide task force, commission or coalition specifically to examine family caregiver issues?
- Have community needs assessments for caregiver support services been conducted?
- Does your state have a standardized caregiver assessment?
- Does your SUA conduct routine programmatic monitoring of the NFCSP program?
- Do you use a uniform caregiver satisfaction survey across all AAAs?

ACL received assessment tools and grouped them into the following categories:

1. Community Assessment Materials
2. General Customer Satisfaction Survey Materials
3. Grandparent Assessment Materials
4. High-Level Administrative Materials
5. Program Monitoring Materials
6. State Caregiver Assessments
7. State Care Recipient Assessments
8. Task Force Materials
9. Uniform Satisfaction Materials
10. Other Materials

While ACL does not specifically endorse these tools, we are sharing them because they may be helpful to other programs. For more information on the NFCSP please go to:

<http://www.aoa.acl.gov/>. For more information on the evaluation of the NFCSP please go to: [http://www.aoa.acl.gov/Program\\_Results/Program\\_Evaluation.aspx](http://www.aoa.acl.gov/Program_Results/Program_Evaluation.aspx)

**Grandparent Assessment Materials**

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# Grandparent/ Relative Caregiver Assessment



DATE \_\_\_\_\_

## Section 1: Initial Intake Questionnaire for the Grandparent/ Relative Caregiver

Name of Grandmother/Relative Caregiver: \_\_\_\_\_

Name of Grandfather/Relative Caregiver: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address (if different from the address above):

\_\_\_\_\_  
\_\_\_\_\_

Daytime phone: \_\_\_\_\_ Alt phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is the best method to contact you?  Daytime phone  Alt phone  Email

Name of Child (Children)  
living in your home that you are raising:

Date of Birth:

Your relationship\* to the child:

Name of Child (Children) living in your home that you are raising:	Date of Birth:	Your relationship* to the child:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(\*Relationship such as grandmother, aunt, etc.)

### GRANDPARENT/ RELATIVE CAREGIVER INFORMATION

(related to whomever is the **primary** caregiver of the child/children)

Gender:  Male  Female Date of Birth: \_\_\_\_\_ (required)

Marital status:  Single  Married  Divorced  Widowed  Domestic partner

**Read this statement to the caregiver:** You may choose to **not** answer the next 2 questions. This information will not be used to determine eligibility, nor will it affect the services you receive.

Ethnic origin: Hispanic or Latino  Yes  No

Race:  African American or Black  American Indian or Alaskan Native  
 Asian  Native Hawaiian or Other Pacific Islander  
 White (Alone) non-Hispanic  White (Alone) Hispanic  
 A person reporting 2 or more races  Other

Length of time you have been raising the child/children: \_\_\_\_\_ (In years and months)

Primary language spoken at home: \_\_\_\_\_ Do you need an interpreter?  Yes  No

Are there other members in your household other than yourself, spouse/partner and the children?

**Name**

**Relationship**

\_\_\_\_\_  
\_\_\_\_\_

Do you have any other caregiving responsibilities? (i.e. other adults, other family members)

\_\_\_\_\_

## ***Section II: In Home Evaluation***

### ***Financial***

Is the primary grandparent/relative caregiver currently employed?  Yes  No Has this changed in the past year?  Yes  No

*Note to interviewer: If the grandparent/relative is working they can get assistance with childcare – must have legal guardianship or custody. They need to apply for this at the District Office where they live.*

Comments: \_\_\_\_\_

Are there medications; supplies or treatments that either you and/or the children should have, but cannot afford to buy?  Yes  No \_\_\_\_\_

Do you anticipate any significant expenses in caring for the child or children this coming year? \_\_\_\_\_

\_\_\_\_\_

**Household Income:**

**Read statement to caregiver:** *Providing the information below is optional and is not required to determine eligibility. Only your responses without your personal identifying information will be shared. The U.S. Administration on Aging requires the collection of this information to gain a better understanding of the situations and needs of family caregivers nationwide.*

How much TOTAL income did you and your family receive this past year, not just from wages or salaries but from ALL sources -- that is, before taxes and other deductions were made? Was it ... (READ CATEGORIES, and check the appropriate range)

ANNUAL INCOME

- |  |   |
|--|---|
| <input type="checkbox"/> Less than \$20,000  | <input type="checkbox"/> \$ 20,001 - \$40,000 |
| <input type="checkbox"/> \$40,001 - \$60,000 | <input type="checkbox"/> \$-Over \$60,000     |
| <input type="checkbox"/> Refused             | <input type="checkbox"/> Doesn't Know         |
| <input type="checkbox"/> Not Applicable      |   |

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**Grandparent/Relative Caregiving Experiences**

What are some of the difficulties you are experiencing in raising your grandchild/ren/relative child?

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What is the most rewarding thing for you about raising the child/children? \_\_\_\_\_

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How are other family members involved in helping you with the child/children? \_\_\_\_\_

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Does your living or housing arrangements cause any difficulties?

Yes  No Explain: \_\_\_\_\_

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Does the fact that you live in a (rural, small town, suburban, urban) area create any problems for you with regard to your caring role?  Yes  No Explain:

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Do you attend a support group?  Yes  No If no, why not? If yes, is it helpful? \_\_\_\_\_

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Interviewer thoughts/observations: \_\_\_\_\_

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***Supports and Services***

Is anyone available to provide respite (relief) when you are unable to provide care?  Yes  No

If yes, is such assistance available on short notice?  Yes  No

Explain who is available: \_\_\_\_\_

Have you received respite or supplemental services through ServiceLink and the NH Family Caregiver Support Program in the past?  Yes  No If yes, how were you helped?

Who else helps out? Please list other informal (non-paid) supports below (*alternate phrasing: Who else in your family or community is interested in the well-being of the child/children?*)

<b>Name</b>	<b>Relationship to Caregiver</b>	<b>Where do they live?</b>	<b>Help they provide</b>
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Do you need in-home care or assistance for yourself (such as homemaker services, support for emergencies, help in organizing services or training support)? \_\_\_\_\_

Do you need Respite Care (services to take care of the child or children in order for you to take some time for yourself either in the home, out of the home, or overnight)?

Is DCYF involved?  yes  no \_\_\_\_\_

*[Note to interviewer: If DCYF is involved they are they are probably getting support. If not, two possible choices: (1) Request a child-only TANF grant, or (2) Work with DCYF to become a licensed foster parent]*

Are you receiving TANF (Temporary Assistance for Needy Families) for the child/children? It is also commonly called the 'Child Only Grant or Relative Payee Grant' and is based on the child's income.

yes  no \_\_\_\_\_

Are you receiving “shelter allowance” along with the TANF grant? This helps with the additional costs of housing, utilities and expenses in adding children to their household.  yes  no \_\_\_\_\_

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*[Note to interviewer: They can apply at the District Office where they live. They will need to fill out an application and show proof of relationship]*

Have you applied for Healthy Kids?  yes  no (if no, they can apply at the District Office)\_\_\_\_\_

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Do you need other services (such as assistance with meals, transportation, equipment/home modifications, medications, legal assistance, counseling or support groups)? \_\_\_\_\_

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What additional resources do you think you would benefit from? Comments \_\_\_\_\_

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Would you like information any topics?  Yes  No

Explain: \_\_\_\_\_

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Have you looked at other sources for help?  Yes  No

Explain: \_\_\_\_\_

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Notes/Observations: