

SUA Resource Library:
Grandparent Assessment Materials

Grandparent Assessment Materials

New Hampshire Grandparent / Relative Caregiver Assessment 3



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

- Less than \$20,000
- \$20,001 - \$40,000
- \$40,001 - \$60,000
- \$-Over \$60,000
- Refused
- Doesn't Know
- Not Applicable

Grandparent/Relative Caregiving Experiences

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

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

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

Does your living or housing arrangements cause any difficulties?

Yes No Explain: _____

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:

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

Interviewer thoughts/observations: _____

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?*)

Name	Relationship to Caregiver	Where do they live?	Help they provide
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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 _____

[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)_____

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

What additional resources do you think you would benefit from? Comments _____

Would you like information any topics? Yes No

Explain: _____

Have you looked at other sources for help? Yes No

Explain: _____

Notes/Observations: