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
Grandparent Assessment Materials

New Hampshire Grandparent / Relative Caregiver Assessment .......................................................... 3
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

<table>
<thead>
<tr>
<th>Name of Child (Children) living in your home that you are raising:</th>
<th>Date of Birth:</th>
<th>Your relationship* to the child:</th>
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(*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)

<table>
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<tr>
<th>ANNUAL INCOME</th>
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<td>Less than $20,000</td>
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<td>$20,001 - $40,000</td>
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<td>$40,001 - $60,000</td>
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<td>$--Over $60,000</td>
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<td>Refused</td>
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<td>Doesn’t Know</td>
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**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?)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Caregiver</th>
<th>Where do they live?</th>
<th>Help they provide</th>
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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:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________