Sample Title III-E
Registration Form

Dear Participant: By providing the information requested below, you will help us to demonstrate the effectiveness of the services we provide to caregivers and enable us to obtain future funding to continue to provide you with services and support. This information is strictly confidential.

Last Name:	First Name:	Mid Init
Address:		County
City:	St:	Zip + 4:
Phone: ( ) -	Gender: Male Female	Ethnicity: Hispanic or Latino; Not Hispanic or Latino
DOB: - -	Limited English Proficiency:	

Race:

- American Indian/ Alaskan Native
- Asian
- Black
- White Hispanic
- White not Hispanic
- Native Hawaiian/Pacific Islander
- Other Race
- 2 or More Races

What is your relationship to the person(s) you provide care to (check all that apply):	
If caring for an older person age 60 or older, or a person of any age with Alzheimer's disease or other dementia: _____ Husband _____ Wife _____ Daughter/Daughter-in-law _____ Son/Son-in-law _____ Other Relative _____ Non-Relative	If a grandparent or other relative at least 55 years old and not the parent, caring for a child no older than 18, or a child of any age with a disability: _____ Grandparent _____ Other Relative _____ Non-Relative

Name of care receiver:		
Last Name:	First Name:	Mid Init

If you have more than one care receiver, please provide their name(s) and your relationship to them.

Care Receiver(s)		Relationship
#2		
#3		
#4		

Would you like us to keep you informed of other caregiver support services provided by *Provide your office's name here.*

the Area Agency on Aging? ○ Yes ○ No

THANK YOU FOR PROVIDING THIS INFORMATION

Contact the <u>insert county name and contact information</u> if you have questions or want to find out about other services for elders and their caregivers.