

VIRGINIA CAREGIVER – SERVICE FORM

Today's Date _____/_____/_____

Updated _____/_____/_____

Caregiver Name & Demographic Information

Caregiver's Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (Apartment Number)

(City) (State) (Zip)

Phone: (____) _____ County/City of Residence: _____

Caregiver's Customer ID: _____

Caregiver's Birthdate: ____/____/____ Caregiver's Gender: _____ Male _____ Female
(Month) (Day) (Year)

Caregiver's Race and Hispanic Status:

____ White or Caucasian Only ____ Black / African American Only ____ American Indian or Alaskan Native Only
____ Asian Only ____ Native Hawaiian or Pacific Islander Only ____ Some other Race Only
____ Two or More Races Combined ____ Race unknown or unreported

____ Hispanic or Latino Origin OR
____ Not Hispanic or Latino Origin OR
____ Hispanic ethnicity unknown

Caregiver's Relationship to Care Receiver:

____ Husband (Spouse) ____ Wife (Spouse)
____ Son ____ Daughter ____ Other Relative (e.g. Parent, Sibling)
____ Grandparent ____ Non-Relative ____ Non-Relative Legal Guardian or Custodian

Does Caregiver Live with Care Receiver? ____ Yes ____ No

Care Receiver Information

NOTE: Care Receivers 19 to 59 years of age must have a severe disability as defined in Section 102(48) of the OAA or a diagnosis of early onset dementia.

Care Receiver's Name: _____
(Last) (First) (Middle Initial)

Care Receiver's Customer ID: _____ Care Receiver's Birthdate: ____/____/____
(Month) (Day) (Year)

For Office Use Only

Services Requested: _____

Services Provided: _____

Agency / Provider: _____ PSA No. _____

NOTE: At a minimum, this form must be updated annually in order for a care receiver/caregiver to continue service.