

BIRMINGHAM BLOOMFIELD ART CENTER
ART OF CAREGIVING PARTICIPANT SCREENING

Intake completed by: _____ Date/Time: _____

Who referred?/How did you hear about the program?: _____

Which series/sessions are you interested in?: _____

1. Name: _____ 2. Phone: _____

3. Email: _____ 4. ZIP Code: _____

5. Best method of contact: _____

6. Type of caregiver: Family (unpaid) Non-relative (unpaid)
 Hired (in home) Hired (at agency)

7. Average numbers of hours spent per week/month giving care (“Approximately how many hours/week do YOU provide assistance, care, supervision, or companionship to the care recipient(s)?” _____

8. Length of Time Caregiver has been caring for Care Recipient: (“How long have you been providing care for this individual?”)

- Less than 6 months 6-11 months 1-3 years
 4-6 years 7-9 years 10 or more years

9. Relationship to Caregiver: (“You are the:”)

- Husband/partner Wife/partner
 Son/son-in-law Daughter/Daughter-in-law
 Brother Sister
 Father Mother
 Other relative: (please specify) _____
 Other non-relative: (please specify) _____

10. Illness/disability: _____