

BIRMINGHAM BLOOMFIELD ART CENTER ART OF CAREGIVING REGISTRATION

Please note that this information is being gathered for purposes of reporting on the grant funding this program.

*Date _____ * = required

*How did you hear about this program? _____

*What type of caregiver are you? Family (unpaid) Non-relative (unpaid)
 Hired (in home) Hired (at agency)

Caregiver Information

*1. Name _____

*2. Email _____

*3. Street Address _____

*4. City, State, Zip _____

*5. Phone Numbers (Cell): _____ (Home/Other): _____

*6. Age: 18-25 26-35 36-45 46-55 56-65 older prefer not to say

*7. Gender: _____

*8. Ethnicity: African American Hispanic Asian Caucasian American Indian
 Rather not say Other (please specify) _____

9. Highest level of education: Less than high school Some high school High school graduate
 Some college coursework College graduate Post graduate degree

10. Employment Status: F/T P/T Retired Homemaker Student
 Leave of Absence (FMLA) Other (please specify) _____

11. Approximately how many hours/week do YOU provide assistance, care, supervision, or companionship to the care recipient(s)? _____

12. How long have you been working as a caregiver?
 Less than 6 months 6-11 months 1-3 years
 4-6 years 7-9 years 10 or more years

13. Where is the primary location in which you provide caregiving services?: _____

14. What types of services do you most often provide (please check all that apply):
 Physical (bathing dressing, etc.)
 Social (visits, telephone, shopping/errands)
 Emotional (please specify) _____
 Financial (please specify) _____
 Other (specify) _____

If you work for an agency & care for multiple individuals, please skip to “Photograph Consent” below

15. Has your employment status changed because of caregiving duties?

- | | | |
|--|--|--|
| <input type="checkbox"/> No change | <input type="checkbox"/> I changed jobs | <input type="checkbox"/> I took a family/medical leave |
| <input type="checkbox"/> I took a leave of absence | <input type="checkbox"/> My work hours increased | <input type="checkbox"/> My work hours decreased |
| <input type="checkbox"/> I took early retirement | <input type="checkbox"/> Began working | <input type="checkbox"/> I quit my job |
| <input type="checkbox"/> I was laid off | <input type="checkbox"/> Other: (please specify) _____ | |

Care Recipient/Caregiving Situation Information – (this is about the person you care for)

1. Age (approximate if not known): _____ 2. Gender: _____

3. Ethnicity: African American Hispanic Asian Caucasian American Indian
 Rather not say Other (please specify) _____

4. Who is the care recipient to you?

- | | | | |
|---|---|----------------------------------|---------------------------------|
| <input type="checkbox"/> Husband/partner | <input type="checkbox"/> Son/son-in-law | <input type="checkbox"/> Brother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Wife/partner | <input type="checkbox"/> Daughter/Daughter-in-law | <input type="checkbox"/> Sister | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Other relative (please specify) _____ | | | |
| <input type="checkbox"/> Other non-relative: (please specify) _____ | | | |

5. What is the care recipient’s primary illness/disability?: _____

6. How long have you been providing care for this individual?

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 6-11 months | <input type="checkbox"/> 1-3 years |
| <input type="checkbox"/> 4-6 years | <input type="checkbox"/> 7-9 years | <input type="checkbox"/> 10 or more years |

6. Living Situation: Live together Live separately

If separately, where does care recipient live?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Lives w/spouse | <input type="checkbox"/> Lives w/other family | <input type="checkbox"/> Lives alone |
| <input type="checkbox"/> Assisted living | <input type="checkbox"/> Independent living | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> Other: (please specify) _____ | | |

7. How did you become the caregiver for this person? _____

PHOTOGRAPHIC CONSENT

The Birmingham Bloomfield Art Center reserves the right to photograph activities, artwork and/or social events held on the BBAC Campus and at offsite locations. BBAC students, members, guests, and works of art from the studios or exhibition areas can all be subjects of interest. Images may be used for BBAC’s educational and promotional purposes unless otherwise notified in advance by any student, patron or visitor.

Please initial that you have read & understand the Photographic Consent _____

