Wyoming
Department
of Health

Wyoming Family Caregiver Support Program Caregiver Information

Date: Person Completing Form		
New Caregiver Existing Caregiver		
How did you hear about this program? Please circle all that applyNewspaperSupport GroupWebsiteHealth Care ProviderInformation and AssistanceBrochureTVFriend/Family	Radio Senior (Other	Center
CAREGIVER INFORMATION:		
Caregiver's Legal Name: First Name Initial	Last Name	Nickname
Address:		
City State	Zi	p
Mailing Address:		
City State		Zip
Telephone number: () Home ()	Cell	
Gender: Male Female Non-Binary Non-Disclose Trans Transgender-Male Other Are you the Primary Caregiver: Yes No Caregiver's date of Are you a Long Distance Caregiver: Yes No If yes, distance between Caregiver and Care Receiver:	f birth:	
Do you live alone: Yes No Is your current family gross monthly income at or below this amou	int:	Family Size 1-\$12,876/yr Monthly \$1,073
Caregiver's relationship to loved one: HusbandSiblingWifeOther Elde	sNo erly Relative	Family Size 2-\$17,424/yr Monthly \$1,452 Family Size 3-\$21,960/yr
Friend/NeighborOther RelativeNon-RelativeParentCaregiver of person (60) with aAdult Son/Son-in-LawAdult Daughter/Daughter-in-La	disability	Monthly \$1,830 Family Size 4-\$26,496/yr
BrotherSisterDomestic partner, including civil union Race of Caregiver (check one): Black/African AmericanNon-Minority (white, non-Hisp Asian or Asian AmericanNative Hawaiian/Pacific Island American Indian/Native Alaskan Other	oanic)V	Monthly \$2,208
Ethnicity of Caregiver (check one):Hispanic or Latino Language Preferrd: (i.e. English, Spanish, etc.)	Not Hispanic o	or Latino

Emergency Contact for Caregiver:

Name	Phone	Alternate Phone
Relationship to Emergency Contact for Caregive	r:	
Other Programs the Caregiver (CG) or C	Care Receiver (CR) is on:	
Community Choices Waiver- In Home Services	S _ CG _ CR	
Home Health CG CR		
WyHSCGCR Other		-
CARE RECEIVER INFORMATION:		
Care Receiver's name:		
Address:		
City	State	Zip
Gender:MaleFemale	Telephone number: ()
Care Receiver's Date of Birth:		
Can the Care Receiver make decisions for	him/herself in regards to	care? <u>No</u> Yes
Caregiver's Eligibility:		
 Caregiver of a person over age 60+ Caregiver of a person with Alzheimer's Caregiver of a person with related disord Not eligible for National Family Caregiver 	ders with Neurological and (

Caregiver Signature	Date	ACC Signature	Date
Use of Information:	The information you provide on the	e forms in the Caregiver Packet will be dis	sclosed to the

Wyoming Department of Health (WDH), Aging Division, Community Living Section. The WDH will only use or disclose the information as permitted by the Health Insurance Portability and Accountability Act (HIPAA). For more detailed information on how the WDH may use or disclose your health information, please see the WDH Notice of Privacy Practices found online at https://health.wyo.gov/admin/privacy/ or you may request a copy from the WDH Aging Division by calling 1 (800) 442-2766. If you feel you have been treated inappropriately, received services that have not been of the quality expected, or you have not been provided services as stated in the service plan, you may contact the Wyoming State Long Term Care Ombudsman at 1 (800) 856- 4398 or the WDH Aging Division, Revised 10/2021