



**California Indian Manpower Consortium, Inc.
Elders Program**



Elder Caregiver Training Application Form

Date: February 7 to 10, 2019 **Time:** 7:00 am to 5:00 pm

Location: Pala Casino Spa & Resort
11154 CA-76
Pala, CA 92059

Participant Information: Please TYPE or PRINT CLEARLY

| | |
|---|--|
| Name: | |
| Home Address: | |
| Mailing Address (if different from Home Address): | |
| Caregiving Services for which Tribe: | <input type="checkbox"/> Big Sandy <input type="checkbox"/> Berry Creek <input type="checkbox"/> Chico/Mechoopda <input type="checkbox"/> Cold Springs <input type="checkbox"/> Coyote Valley <input type="checkbox"/> Enterprise <input type="checkbox"/> Fort Bidwell <input type="checkbox"/> Mooretown <input type="checkbox"/> Pauma <input type="checkbox"/> Robinson <input type="checkbox"/> Santa Ysabel <input type="checkbox"/> San Pasqual <input type="checkbox"/> Susanville <input type="checkbox"/> Upper Lake <input type="checkbox"/> Sherwood Valley <input type="checkbox"/> North Fork, Madera, Fresno, Mariposa <input type="checkbox"/> Scotts Valley, Sonoma, Contra Costa, Lake |
| Telephone: | |
| Fax: | |
| Email: | |
| Date of Birth: | |
| Dietary Restrictions: | |
| Special Needs: | |

Emergency Contact Information: Please TYPE or PRINT CLEARLY

| | |
|---------------------------------|--|
| Contact Name: | |
| Contact Phone Number: | |
| Contact Secondary Phone Number: | |

Caregiver Questionnaire

| | | | |
|---------------------------|---|------------------------------|-----------------------------|
| 1. | Why do you want to attend the caregiver training? | | |
| 2. | Do you currently have an Adult CPR/Standard First Aid Card? If yes, please attach a copy of your Adult CPR/Standard First Aid Card with the expiration date. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | Do you currently provide caregiving services? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4a. | Are you currently employed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4b. | If yes, please check one: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | |
| 5a. | Are you currently providing caregiving for a family member? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5b. | If no, whom do you provide caregiving services for (check one): <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Other | | |
| If other, please explain: | | | |
| 5c. | If yes, whom do you provide caregiving services for (check one): <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other | | |
| If other, please explain: | | | |
| 6. | Please indicate any resources you have accessed for caregiving: | | |
| | County Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | State Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | IHS | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Area Agency on Aging | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Health Insurance Company | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Internet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Do you currently travel to provide services? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7a. | If yes, how far do you travel? | | |