

Grandparent/Relative Caregiver Assessment

Date: _____

GRAND PARENT AND/OR OLDER RELATIVE MUST LIVE AND BE THE SOLE-PRIMARY CARE PROVIDER FOR A CHILD/REN (CHILD DOES NOT HAVE TO BE FEDERALLY RECOGNIZED)?

Section 1: Initial Intake Questionnaire for the Grandparent/Relative Caregiver

Name of Grandmother/Relative Caregiver: _____

Name of Grandfather/Relative Caregiver: _____

Address:

Mailing Address: if different from the address above: _____

Daytime phone: _____ Alt phone: _____

Email:

What is the best method to contact you? () Daytime phone () Alt Phone () Email

Name of child (children)	Date of Birth:	TID:	Tribe other than GTB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Relationship to child/children (*relationship such as grandmother, aunt, etc.)

Grandparent/relative caregiver information

(Related to whomever is the primary caregiver of the child/children)

Gender: () Male () Female Date of Birth: _____

(required) Marital status: () Single () Married () Divorced () Widowed () Domestic partner

Race: () Native American () African American or Black () Native Hawaiian or other Pacific Islander ()

White () Hispanic () a person reporting 2 or more races () Other ()

Length of time you have been raising the child/children: _____ (in years and months)

Primary language spoken at home: _____ Do you need an interpreter? () Yes () No

Are there other members in your household other than yourself, spouse/partner and the children?

Name	relationship
_____	_____
_____	_____

Do you have any other caregiving responsibilities? (i.e., other adults, other family members)
