

MINIMUM CLIENT DATA REQUIREMENTS for REGISTERED SERVICES:

Title III-E Caregiver Support & Caregiver Respite

(Current as of 08/28/23)

In order to comply with State policy, Funded Partners must ask all clients to voluntarily provide responses for the data fields below. At the same time, services cannot be withheld from eligible individuals who refuse to provide additional information that is being requested <u>for the sole purpose</u> of data collection.

DATA FIELDS for CAREGVERS & CARE RECEIVERS In order of GetCare entry	DATA VALUES for CAREGIVERS & CARE RECEIVERS Available in GetCare					
Participant ID	(automatically generated in GetCare)					
Zip Code at physical address ¹	(enter a 5-digit number)	(enter a 5-digit number)				
Date of Birth	(enter as mm/dd/yyyy)					
	Male	Male				
Gender identity	Transgender Male to Female			Transgender Female to Male		
	Genderqueer/Gender No	Genderqueer/Gender Non-binary				
	Not listed: (enter other reply) Decline to state			e		
Sex at birth (from birth certificate)	Male	Female		Decline to state		
	Straight/Heterosexual	Straight/Heterosexual				
Sexual orientation	Gay/Lesbian/Same-Gender Loving		Questioning/Unsure			
	Not listed: (enter other reply) Decline to state			:e		
	White					
	Black or African American					
	American Indian or Alaskan Native					
	Asian Subcategories:					
Race (check all that apply)	Asian Indian	Cambodian		Chinese		
	Filipino	Japanese		Korean		
	Laotian	Vietnamese		Asian Other		
	Pacific Islander Subcategories:					
	Guamanian	Hawaiian		Samoan		
	Other Pacific Islander					
	Decline to state					
Ethnicity	Hispanic/Latino	Not Hispanic/Latino [Decline to state		
Living Arrangement	Lives with others	Lives alone [Decline to state		
Rural Designation	(automatically generated in GetCare based on the Zip Code)					
	Above 100% of Federal Poverty Level					
Poverty Status	At or below Federal Poverty Level					
	Decline to state					

¹ This information is used to determine whether the client lives in a "rural" area as determined by RUCA codes.

DATA FIELDS for CAREGVERS & CARE RECEIVERS In order of GetCare entry	DATA VALUES for CAREGIVERS & CARE RECEIVERS Available in GetCare			
Veteran Status	Have you ever served in the United States military?	Yes	No	Decline to state
Veteran Number (optional)	(enter a number)			
Spouse of Veteran	Are you the spouse, legal partner, parent, or child of a person who is serving in or who has served in the United States military?	Yes	No	Decline to state
Veteran Number (optional)	(enter a number)			
Date of Consent (if applicable)	(enter as mm/dd/yyyy)			

ADDITIONAL DATA FIELDS	ADDITIONAL DATA VALUES				
In order of GetCare entry	Available in GetCare				
	Divorced	Married	Single – never married		
Caregiver's Marital Status	Domestic Partner Separated		Widowed		
	Decline to state				
Caregiver's Employment Status	Full time	Part time	Disabled		
	Retired	Unemployed	Volunteer		
	Decline to state				
Caregiver – Care Receiver Relationship	Husband	Wife	Domestic Partner		
	Son	Son-in-law	Daughter		
	Daughter-in-law	Brother	Sister		
	Parent	Grandparent	Other Relative		
	Non-relative	Decline to state			

DATA FIELDS for CARE RECEIVERS who are Adults In order of GetCare entry	DATA VALUES for CARE RECEIVERS who are Adults Available in GetCare						
Activities of Daily Living (ADLs)	1 = Independent	2 = Verbal Assistance	3 = Some Human Help	4 = Lots of Human Help	5 = Dependent	6 = Decline to state	
Eating	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)						
Bathing	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)						
Dressing	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)						
Toileting	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)						
Transferring	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)						
Walking	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)						
Instrumental Activities of Daily Living (IADLs)	1 = Independent	2 = Verbal Assistance	3 = Some Human Help	4 = Lots of Human Help	5 = Dependent	6 = Decline to state	
Light Housework	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)						
Meal Preparation	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)						
Medication Management	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)						
Transportation	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)						
Money Management	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)						
Shopping	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)						
Using Telephone	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)						
Heavy Housework	(using the rating scale above, enter 1, 2, 3, 4, 5 or 6)						

 $Eligibility\ information\ is\ contained\ in\ the\ latest\ RFP\ Program\ Specifications\ for\ each\ applicable\ Title\ III-E\ service.$