



**MINIMUM CLIENT DATA REQUIREMENTS for REGISTERED SERVICES:  
Title III-E Caregiver Support & Caregiver Respite**

(Current as of 07/8/25)

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 for the sole purpose of data collection.

<b>DATA FIELDS for CAREGIVERS &amp; CARE RECEIVERS</b> <i>In order of GetCare entry</i>	<b>DATA VALUES for CAREGIVERS &amp; CARE RECEIVERS</b> <i>Available in GetCare</i>		
Participant ID	(automatically generated in GetCare)		
Zip Code at physical address <sup>1</sup>	(enter a 5-digit number)		
Date of Birth	(enter as mm/dd/yyyy)		
Gender identity	Male		Female
	Transgender Male to Female		Transgender Female to Male
	Genderqueer/Gender Non-binary		
	Not listed: (enter other reply)		Decline to state
Sex at birth (from birth certificate)	Male	Female	Decline to state
Sexual orientation	Straight/Heterosexual		Bisexual
	Gay/Lesbian/Same-Gender Loving		Questioning/Unsure
	Not listed: (enter other reply)		Decline to state
Race (check all that apply)	White		
	Black or African American		
	American Indian or Alaskan Native		
	<i>Asian Subcategories:</i>		
	Asian Indian	Cambodian	Chinese
	Filipino	Japanese	Korean
	Laotian	Vietnamese	Asian Other
	<i>Pacific Islander Subcategories:</i>		
	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)		
Poverty Status	Above 100% of Federal Poverty Level		
	At or below Federal Poverty Level		
	Decline to state		

<sup>1</sup> This information is used to determine whether the client lives in a “rural” area as determined by RUCA codes.

<b>DATA FIELDS for CAREGIVERS &amp; CARE RECEIVERS</b> <i>In order of GetCare entry</i>	<b>DATA VALUES for CAREGIVERS &amp; CARE RECEIVERS</b> <i>Available in GetCare</i>			
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)			

<b>ADDITIONAL DATA FIELDS</b> <i>In order of GetCare entry</i>	<b>ADDITIONAL DATA VALUES</b> <i>Available in GetCare</i>		
Caregiver's Marital Status	Divorced	Married	Single – never married
	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	

*Continued on Next Page*

<b>DATA FIELDS for CARE RECEIVERS who are Adults</b> <i>In order of GetCare entry</i>	<b>DATA VALUES for CARE RECEIVERS who are Adults</b> <i>Available in GetCare</i>					
<b>Activities of Daily Living (ADLs)</b>	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)					
<b>Instrumental Activities of Daily Living (IADLs)</b>	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.