California Indian Manpower Consortium, Inc.
Elders Program

Elder Caregiver Training Application Form

Date: AdzƎdzǎǔ м ǔƨ п, 201ф **Time:** т:00 am to p:00 pm

Location: wƨōʎyãƨy wl·yǒKŜ₥l· Resort & Casino
мрпр 9 l ǿè нл
bʎǒe, CA 95п6п

Participant Information: Please TYPE or PRINT CLEARLY

Name:	
Home Address:	
Mailing Address (if different from Home Address):	
Caregiving Services for which Tribe:	☐ Big Sandy ☐ Berry Creek ☐ Chico/Mechoopda ☐ Cold Springs ☐ Coyote Valley ☐ Enterprise ☐ Fort Bidwell ☐ Mooretown ☐ Pauma ☐ Robinson ☐ Santa Ysabel ☐ San Pasqual ☐ Susanville ☐ Upper Lake ☐ Sherwood Valley ☐ North Fork, Madera, Fresno, Mariposa ☐ 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	☐ YES	☐ NO
3.	Do you currently provide caregiving services?	☐ YES	☐ NO
4a.	Are you currently employed?	☐ YES	☐ NO
4b.	If yes, please check one: ☐ Part Time ☐ Full Time		
5a.	Are you currently providing caregiving for a family member?	☐ YES	☐ NO
5b.	If no, whom do you provide caregiving services for (check one): ☐ Neighbor ☐ Friend ☐ Other		
	If other, please explain:		
5c.	If yes, whom do you provide caregiving services for (check one): ☐ Parent ☐ Child ☐ Spouse ☐ Other		
	If other, please explain:		
6.	Please indicate any resources you have accessed for caregiving:		

County Services	☑ Yes	☐ No
State Services	☐ Yes	☐ No
IHS	☐ Yes	☐ No
Area Agency on Aging	☐ Yes	☐ No
Health Insurance Company	☐ Yes	☐ No
Internet	☐ Yes	☐ No

7.	Do you currently travel to provide services?	☐ YES	☐ NO
7a.	If yes, how far do you travel?		