

INSTRUCTIONS FOR COMPLETING THE NAPIS CLIENT REGISTRATION FORM

NAPIS CLIENT REGISTRATION FORM (PAGE 1) - SEE ATTACHMENT II FOR COPY OF FORM

DATA ITEM	INSTRUCTIONS AND DEFINITIONS
Care Recipient Registration	Mark the <i>Care Recipient</i> box to indicate whether or not the client registration is for a Care Recipient. Care Recipient registrations are for Care Recipient Services. NOTE: A client may be registered as both a <i>Care Recipient</i> and <i>Caregiver</i> on the NAPIS registration form.
Caregiver Registration	Mark the <i>Caregiver</i> box to indicate whether or not the client registration is for a Caregiver. Caregiver registrations are for Caregiver Services. NOTE: A client may be registered as both <i>Care Recipient</i> and <i>Caregiver</i> on the NAPIS registration form.
Form Date	Enter date that the form was completed.
Vendor ID	Enter the code number assigned by the area agency to this service provider agency.
Vendor Site	If the service provider has more than one site, enter the site number assigned to this site; otherwise, leave blank for single-site providers.
Region ID	Enter area agency on aging planning and service area (e.g., 1A, 1B, 1C, 2, 3A, etc.)
Social Security Number	Enter the client's SSN. If it is unknown or unavailable (e.g., client refusal), enter "UNK" in the first three digits.
Date of Birth	Enter the client's date of birth (with four-digit year).
Client Name	Enter the client's last name, first name, and middle initial.
Address: Street	Enter the address of the client's current residence, using the headings as a guide.
County	Enter the two-digit code for the county of resident (see Attachment I for list of County codes).
Township Code	If client lives in a township area (not in a specific city or village), enter the three-digit code (see Attachment I for list of Township codes).
Address: Mailing	Enter the address used for US Mail delivery to the client, using the headings as a guide.
Telephone	Enter the client's home telephone number, with separate area code.
Gender	Mark the circle indicating the client's gender.
Lives Alone	Mark the circle indicating whether or not the client lives alone, using "Yes" for living alone and "No" for not living alone (living with others).
Income Status	Indicate whether or not the client's income status is below the poverty level (defined as monthly income below a certain level based on the number of persons in the <u>household</u> based and poverty levels published annually in the federal register). Mark the circle "Yes" for below the poverty level or "N" for not below the poverty level.
Race	Mark the circle that corresponds to the client's race, using the category client identifies with most or to which client is usually regarded in the community as belonging.
Hispanic Status	Mark the circle indicating whether or not the client is Hispanic in origin.
Multi-Racial Status	Mark the circle indicating whether or not the client is multiracial. If "Yes", also mark the circles that correspond to the race of the client's parents.
Intake Date	Enter the date (with four-digit year) when the client was initially registered for services.
The following two items must be provided if the client is to receive <u>Care Recipient</u> services (non-caregiver services). If the client is <u>not</u> receiving care recipient services, skip to page 2 of the NAPIS form to continue caregiver service registration.	
Cluster I, II, or III Services	Mark all boxes that correspond to the type(s) of service the client will receive from this provider. For Cluster I services, enter the date that the client has/will first receive that type of service.
High Nutritional Risk	Mark one or both of the following: 1) the circle indicating whether or not the client is currently at a high nutritional risk, using "Yes" for has high nutritional risk and "No" for does not have high risk; and/or 2) the numeric score from the nutritional risk screen. NOTE: <u>This information must be provided if the client is to receive any one of the following services: Home Delivered Meals, Care Management/Case Coordination, Congregate Meals, or Nutrition Counseling.</u>
The following two items must be provided if the client is to receive any one of the <u>Care Recipient Cluster I Services</u>	
Activities of Daily Living	Mark all the boxes for those activities of daily living (ADL's) the client is UNABLE TO PERFORM without personal assistance, stand-by assistance, supervision or cues.
Instrumental Activities of Daily Living	Mark all the boxes for those instrumental activities of daily living (IADL's) the client is UNABLE TO PERFORM without personal assistance, stand-by assistance, supervision or cues.

NAPIS CLIENT REGISTRATION FORM (PAGE 2 – CAREGIVER SERVICES)

DATA ITEM	INSTRUCTIONS AND DEFINITIONS
Care Recipient's Name	Enter the Care Recipient's last name and first name.
Care Recipient's Social Security Number	Enter the Care Recipient's assigned SSN. If it is unknown or unavailable, enter "UNK" in the first three digits.
Care Recipient Date of Birth	Enter the date of birth (with four-digit year) for the Care Recipient. This is the date of birth (DOB) of individual that the Caregiver is caring for.
Registered Care Services	Mark all the boxes that correspond with the type(s) of Caregiver service(s) the Caregiver will receive from this provider. For all registered Care Services (only), enter the date that the Caregiver has (or will) first receive that type of service.
Non-Registered Care Services	Mark all the boxes that correspond with the type(s) of Caregiver service(s) the Caregiver will receive from this provider. Date that the Caregiver has (or will) first receive that type of service is optional for non-registered services.
Care Recipient Status Information	<p>Mark the circle indicating whether or not the Caregiver indicates that the Care Recipient is UNABLE TO PERFORM 2 or more activities of daily living (ADLs) without personal assistance, stand-by assistance, supervision or cues.</p> <p>AND / OR</p> <p>Mark the circle indicating whether or not the Caregiver indicates that the Care Recipient has a cognitive impairment.</p> <p>NOTE: This information must be provided if the Caregiver is to receive any respite care (any form) and/or defined supplemental Care Services.</p>
CAREGIVER HISTORY	
How did the Caregiver hear about the program?	Mark the box to indicate how the Caregiver heard about or was referred to the Care Services for which the individual is being registered.
Caregiver relationship to Care Recipient	Mark the box to indicate the Caregiver's relationship to the Care Recipient that they are providing care to.
How long has the Caregiver provided care to the Care Recipient?	Mark the circle to indicate how long the Caregiver has been caring for the Care Recipient.
How long does it take the Caregiver to get to the Care Recipient's home?	Mark the circle to indicate how long it takes the Caregiver to travel to the Care Recipient's home.
Frequency the Caregiver provides care to the Care Recipient	Mark the circle that best describes to the frequency at which the Caregiver provides care to the Care Recipient.
Does the Caregiver provide hands-on care to the Care Recipient? If yes, frequency provided?	<p>Mark the circle to indicate whether or not the Caregiver provides hand-on care to the Care Recipient. Hands-on care includes the provision of in-home assistance with activities of daily living (ADL) for an individual including assistance with bathing, dressing, grooming, toileting, transferring, eating, and ambulation. Personal care does not include health-oriented services as specified for Home Health Aide Services.</p> <p>If yes, mark the circle to indicate the number of hours of care provided and the frequency at which the care is provided.</p>

Caregiver Employment Status	Mark the circle to indicate whether or not the Caregiver is employed full-time, part-time, or is not currently employed.
Caregiver Health Status	Mark the circle to indicate the Caregiver's health status. The assessment of health status is a self-assessment made by the Caregiver. There is no requirement that a formal assessment be conducted if the caregiver chooses to self assess health status.
Are other friends or family willing and capable to help care for Care Recipient?	Mark the circle to indicate whether the Care Recipient indicates that any other family or friends are willing <u>and</u> capable to provide care to the Care Recipient in addition to the care provided by the Caregiver that is being registered. Examples of care provided by other family members may include, but are not limited to, assistance with ADLs and IADLs, financial support, or any support activities similar to those carried out by the Caregiver that is being registered.
How many Care Recipients does the Caregiver care for?	Indicate the number of Care Recipients that the Caregiver is caring for. This number should include individuals that the Caregiver is the primary Caregiver and those that the Caregiver is a secondary Caregiver.
Of the number of Care Recipients, how many is the Caregiver the primary Caregiver of?	Indicate the number of Care Recipients that the Caregiver is the primary Caregiver of. Care Recipients may have more than one Caregiver. The response to this question is self-reported by the Caregiver.
How many dependents does the Caregiver have?	Indicate the number of dependents the Caregiver cares for: 1) under the age 19; 2) between the ages 19 and 59; and 3) over the age of 59.
Is this a Kinship Care family / situation?	Mark the circle to indicate whether or not the Caregiver is providing Kinship Care. If this is <u>not</u> a Kinship Care family / situation, <u>do not</u> complete page 3 (Kinship Care Information) of the NAPIS Registration Form.
Use of Personally Identifying Information Statement	The statement allows the Caregiver to indicate that they are aware that the information collected on the form will be used for the purposes specified.

NAPIS CLIENT REGISTRATION FORM (Page 3 – Kinship Care Information)

DATA ITEM	INSTRUCTIONS AND DEFINITIONS
Vendor ID	Enter the code number assigned by the area agency on aging to this service provider agency.
Site ID	If the service provider has more than one site, enter the site number assigned to this site; otherwise, leave blank for single-site providers.
Form Date	Enter date that the form was completed.
Caregiver's Social Security Number	Enter the Caregiver's assigned SSN. If it is unknown or unavailable (e.g., client refusal), enter "UNK" in the first three digits.
Caregiver Last Name	Enter the Caregiver's last name.
Caregiver's First Name	Enter the Caregiver's first name.
Child 1 Name	Enter the last name and first of the child for which the Caregiver is receiving Kinship Care services.
Child 1 Date of Birth	Enter the DOB of the child for which the Caregiver is receiving Kinship Care services.
Child 1 Gender	Mark the circle to indicate the gender of the child for which the Caregiver is receiving Kinship Care services.
Child 2, 3, 4, 5 Name, DOB, & Gender	Enter the information on additional information according to the instructions for Child 1 above for additional children for which the Caregiver is receiving Kinship Care services.
Status of Child(ren) in care	Mark the box to indicate the status of the child(ren) for which the Caregiver is receiving Kinship Services. Mark all boxes that apply to any of the children in care.
Reason for Kinship Care	Mark the box to indicate the reason why the Caregiver is acting as the primary Caregiver for any of the child(ren) in care and is receiving Kinship Care services. Mark all boxes that apply to any of the children in care.
Are Any of the Child(ren)s Parents also Living w/ Caregiver	Mark the circle to indicate whether or not any of the child(ren)s parents are living with the Caregiver.
Child(rens)'s Special Needs	Mark the box to indicate the any special needs of the child(ren) for which the Caregiver is receiving Kinship Services. Mark all boxes that apply to any of the children in care.
Use of Personally Identifying Information Statement	The statement allows the Kinship Caregiver to indicate that they are aware that the information collected on the form will be used for the purposes specified.