

Section 1.A. Primary Caregiver Characteristics

Caregivers	Total	Age of Primary Caregiver				Estimated Years of Caregiving				Of total caregivers, estimated number receiving any services through Title III of the Older Americans Act.
		Under 60	60-74	75-84	85+	0-2	3-5	6+	Years Missing	# of Individuals
<b>Total Caregivers</b>										
<b>Gender</b>										
Female										
Male										
Gender Missing										
<b>Geographic Location*</b>										
Urban										
Rural										
Frontier										
Geographic Location Missing										
<b>Relationship to Person with Dementia</b>										
Husband										
Wife										
Significant Other										
Son/Son-in-Law										
Daughter/Daughter-in-Law										
Sibling										
Parent										
Other Relative										
Non-Relative										
Relationship Missing										
<b>Primary Caregiver by Ethnicity</b>										
Hispanic or Latino										
Not Hispanic or Latino										
Ethnicity Missing										
<b>Primary Caregiver by Race</b>										
White (Alone) -- Non-Hispanic										
<b>Total Minorities**</b>										
White (Alone) -- Hispanic										
American Indian or Alaska Native (Alone)										
Asian (Alone)										
Black or African-American (Alone)										
Native Hawaiian or Other Pacific Islander (Alone)										
Persons Reporting Some Other Race										
Persons Reporting 2 or More Races										
Race Missing										

Gray boxes are not to be filled out.

**\* Geographic Location**

Urban: A central place and its adjacent densely settled territories with a combined minimum population of 50,000

Rural: not Urban or Frontier

Frontier: Determined by population density and distance in miles and travel time from a market service area (<http://www.frontierus.org/index.htm?p=2&pid=6003&spid=6019>)

**\*\* Total Minorities** - this will be calculated by AoA sponsored software - will exclude White(Alone) -- Non-Hispanic and Not Reported.

Section 1.B. Person with Dementia Characteristics

Persons with Dementia	Total	Age of Person with Dementia				Of total persons with dementia, estimated number receiving any services through Title III of the Older Americans Act.
		Under 60	60-74	75-84	85+	# of Individuals
<b>Total Persons with Dementia</b>						
<b>Gender</b>						
Female						
Male						
Gender Missing						
<b>Geographic Location*</b>						
Urban						
Rural						
Frontier						
Geographic Location Missing						
<b>Person with Dementia by Ethnicity</b>						
Hispanic or Latino						
Not Hispanic or Latino						
Ethnicity Missing						
<b>Person with Dementia by Race</b>						
White (Alone) -- Non-Hispanic						
<b>Total Minorities**</b>						
White (Alone) -- Hispanic						
American Indian or Alaska Native (Alone)						
Asian (Alone)						
Black or African-American (Alone)						
Native Hawaiian or Other Pacific Islander (Alone)						
Persons Reporting Some Other Race						
Persons Reporting 2 or More Races						
Race Missing						

Gray boxes are not to be filled out.

**\* Geographic Location**

Frontier: Determined by population density and distance in miles and travel time from a market service area (<http://www.frontierus.org/index.htm?p=2&pid=6003&spid=6019>)

Rural: not Urban or Frontier

Urban: A central place and its adjacent densely settled territories with a combined minimum population of 50,000

**\*\* Total Minorities** - this will be calculated by AoA sponsored software - will exclude White(Alone) -- Non-Hispanic and Not Reported.

Section 2. Services Expenditures

Direct Services	REQUIRED						
	Units of Service	Unduplicated Persons Served	ADDGS Expenditures	Total Service Expenditures	Program Income Received	Number of Providers (unduplicated)	Service Modes - Choose all that apply
Adult Day Care							
Companion Services							
Home Health Care							
Personal Care							
Respite "Other" (as approved)							
Short-term Care in Health Facility							

Service Mode Types	CODE
Aging & Disability Resource Center	1
Alzheimer's Association	2
Area Agency on Aging	3
Consumer-Directed Care/Vouchers	4
Faith Based Organization	5
Government (Federal)	6
Government (State or Local)	7
Long-Term Care Facility	8
National Family Caregiver Support Program	9
Service Provider	10
University or School	11
Volunteers	12
Other (please specify)	13

Other ADDGS Services	REQUIRED	This is OPTIONAL data that you may have collected.						
	Check Box(es) of Service(s) Provided	Units of Service	Unduplicated Persons Served	ADDGS Expenditures	Total Service Expenditures	Program Income Received	Number of Providers (unduplicated)	Service Modes - Choose all that apply
Case Management								
Information & Referral Services/Helpline								
Mental Health Services								
Outreach - Participant/Client								
Outreach - Professional/Provider								
Training - Participant/Client								
Training - Professional/Provider								
Support Groups								
Transportation								
Other Service – Not Above (Please Define)								

**Accomplishments & Collaborations**

(Enter Accomplishment Here)

**Accomplishment (Required). Please type narrative in the space above.**

**Enter Code:**

(Enter Collaboration Here)

**Collaboration (Required). Please type narrative in the space above.**

**Enter Code (1 or 2):**

(Enter an Optional Accomplishment or Collaboration Here)

**Other Accomplishment or Collaboration (Optional). Please type narrative in the space above.**

**Enter Code:**

<b>Accomplishment &amp; Collaboration Types</b>	<b>CODE</b>
Collaboration (Federal)	1
Collaboration (Non-federal)	2
Materials Development	3
Policy Development	4
Public Education/Awareness	5
Service (Direct Service defined by ADDGS statute)	6
Service (Other ADDGS)	7
Sustainability	8
Training/Education	9
Other - Please Specify	10