

This cover sheet explains in more detail how to translate the Intake and Demographic Form for Caregiver Profiles (printable PDF) into a DAISEY Caregiver Profile. Remember to **search for each caregiver** in DAISEY before creating a new profile to prevent profile duplication.

Note: Mandatory DAISEY questions are preceded by an asterisk (*). Profiles cannot be saved in DAISEY without the answers to these questions.

Caregiver Information

Active Status: This question is not on the Intake Form PDF. Your organization may choose to use this to track if a caregiver is currently enrolled/receiving services (“Active”) or if they discontinued services (“Inactive”). This field provides a way for DAISEY users to sort the caregiver search grid by this status.

Alternate ID: This question is not on the Intake Form PDF. The alternative ID is any alternative identification system that your organization wishes to use. This field does not refer to the automatically-generated DAISEY ID number that is assigned to new caregiver profiles upon creation.

***Caregiver First Name:** The caregiver’s first name. This information *is not required*. Your organization may identify caregivers by other methods, such as initials or pseudonyms.

***Caregiver Last Name:** The caregiver’s last name. This information *is not required*. Your organization may identify caregivers by other methods, such as initials or pseudonyms.

***Caregiver Date of Birth:** The caregiver DOB follows the MM/DD/YYYY format.

***Enrollment Date:** The date (MM/DD/YYYY) that the caregiver began receiving services from your organization.

Discharge Date: This question is not on the Intake Form PDF. The date (MM/DD/YYYY) that the caregiver discontinued receiving services from your organization.

***Is this the primary caregiver of the child:** This Yes/No field is automatically set to “Yes” when creating a new caregiver. To create a secondary caregiver profile, open the associated primary caregiver’s profile and click “Add Secondary Caregiver”.

Caregiver’s relationship to primary caregiver: Check only one box to describe how the caregiver relates to the primary caregiver.

Contact Information

Address 1, Address 2, City, State, Zip, and Telephone: Space is provided for all contact info, if gathered.

Caregiver Demographics

***Caregiver Gender:** Select "male" or "female".

***Caregiver Ethnicity:** Select caregiver's ethnicity. Note: Ethnicity is not the race of the caregiver.

***Caregiver Race:** Check all the boxes that describe the caregiver's race.

***Does this caregiver have a disability, as defined by IDEA?** Select "yes" or "no". Disability is defined as a physical or mental condition that limits a person's movements, senses, or activities.

***Caregiver Education:** Check only one box which corresponds to the highest level of education that the caregiver has completed at the time of intake.

Caregiver Employment Status: Check only one box which corresponds to the caregiver's employment status at the time of intake.

***Caregiver Marital Status:** Check only one box which corresponds to the caregiver's marital status at the time of intake.

Caregiver Insurance Status: Check only one box which corresponds to the caregiver's insurance coverage at the time of intake.

***Caregiver Military Status:** Check only one box which corresponds to the caregiver's military status at the time of intake.

Primary and/or secondary caregiver military status: If any caregiver in the household is or has been in the military, select that status here.

***Does this caregiver speak a language other than English at home?** Select "yes" or "no".

***Caregiver Primary Language:** Select the caregiver's primary language. Select "Other" if it is not listed.

Household Information

***# of people in household (include everyone):** Space is provided for the total number of people living with the caregiver, including the caregiver.

***# of children under 18 in household:** Space is provided for the total number of children living with the caregiver.

Housing Arrangement: Check only one box which corresponds to the caregiver's housing arrangement at the time of intake.

Household Income Sources

Check all income sources for the household: Check all boxes that correspond to sources of income that the caregiver is receiving at the time of intake.

***Total yearly household income:** Check only one box which corresponds to the caregiver's household income at the time of intake.