

**Aleutian Pribilof Island Association, Inc.  
Respite Program**

**SCREENING TOOL**

This form serves as a tool for determining whether or not an elder is eligible to receive respite services from the Aleutian Pribilof Islands Association, Inc. This form also serves as the assessment of the elder's needs.

Name of Elder \_\_\_\_\_ DOB \_\_\_\_\_

Age \_\_\_\_\_ Date of referral \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of person requesting services \_\_\_\_\_

Relationship to elder \_\_\_\_\_

1. Reason for needing respite services (as stated by elder and/or the caregiver): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Describe briefly the kind of assistance the elder needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(circle one)

3. Elder lives in their own personal, private residence or family home? YES NO

4. Elder is currently receiving help with activities of daily living needs from an unpaid caregiver on a routine basis? YES NO

5. Elder is 60 years old or older? YES NO

6. Elder is incapable of performing ADLs without assistance? YES NO

7. Did the elder and/or caregiver submit a copy of the schedule of services currently delivered to this elder by the unpaid caregiver? YES NO

8. Is the schedule of services attached to this form? YES NO

9. Does the schedule of services currently being provided to this elder indicate a need for the respite services requested? YES NO

10. The elder is approved to receive respite services from APIA? YES NO

*(Note: If the answers to all questions above are "YES," then the elder is approved to receive respite services from the APIA Respite Program.)*

**If elder is approved, complete the following:**

- # of hours of respite services approved \_\_\_\_\_ / week month
- Name of respite worker chosen by elder \_\_\_\_\_

11. If elder is not approved, did you refer elder to other resources? YES NO

If yes, where? \_\_\_\_\_

If no, why not? \_\_\_\_\_

Signature of elder \_\_\_\_\_ Date \_\_\_\_\_

Printed name of elder \_\_\_\_\_

Signature of APIA intake staff \_\_\_\_\_ Date \_\_\_\_\_

Printed name of APIA intake staff \_\_\_\_\_