Caregiver Support–Staging Assessment Form

Navigator/Assessor Name:	Date of Assessment:

Beneficiary Information

Beneficiary Name	Case #
Beneficiary Age	Stage of Dementia
Confirmed Dementia Diagnosis □ Yes □ No	Special needs

Caregiver Information

Caregiver Name	Case #
Caregiver Age	Relationship to Beneficiary
Contact Information	

Caregiver Roles & Involvement (check all that apply and note)

□ Primary Parent Caregiver (direct care in family home)

□ Primary Sibling Caregiver (direct care, co-residing)

□ Primary Other Family Caregiver (aunt/uncle/cousin, co-residing)

□ Secondary Family Caregiver (supportive care; relative with ID living independently) – Specify:

□ Other Non-Kin Caregiver – Specify relationship/living arrangement:

□ Sole Caregiver (handles all responsibilities alone)

□ Collaborative Caregiver (shares responsibilities with others)

Caregiver Support-Staging Assessment

Check statements that best describe the caregiver's current situation. Discuss priorities with the caregiver.

- 1. **Diagnostic Support Stage** (seeking validation)

  □ Seeks help to understand cognitive/functional changes
  □ Engaged in diagnostic process
  □ Wants more information when diagnosis received
  □ Hesitant about next steps or acknowledging diagnosis

- 2. **Explorative Support Stage** (accepting diagnosis)

  □ Wants more information on dementia care strategies
  □ Notes challenges with behavioral change or symptoms
  □ Is exploring resources/services
  □ Unsure as to how to plan for future or emergencies

- 3. **Adaptive Support Stage** (managing symptoms)

  □ Trialing new strategies to manage symptoms
  □ Requires ongoing support for behavior/cognition changes
  □ Has developed self-care strategies
  □ Seeking support for anticipatory grief/loss

- 4. **Closure Support Stage** (redefining next steps)

  □ Received timely practical support; concerns resolved
  □ Needs guidance on legal/financial/emotional issues
  □ Following beneficiary's end-of-life plan
  □ Seeking support for grief/loss

Caregiver Needs & Support Plan

Identified urgent challenges, required actions, and helpful resources.

- Urgent/current challenges facing the caregiver?
- Support stage alignment with their priorities? Actions needed?
- Resources or services that could help short- and long-term?
- Follow-up needed? □ Yes □ No Frequency: _____

Next Steps (check all that apply and note actions to be undertaken)

□ Provide educational materials on dementia care

□ Refer for specific services/supports

□ Connect caregiver with support groups or counseling

□ Assist with planning future care transitions

□ Schedule a follow-up assessment

□ Other: _____

Navigator Notes & Recommendations

Navigator Signature:		Date:	