

# AAA Family Caregiver Support Program (FCSP) Self-Monitoring Form 2026

For use with [online survey form](#)

The FCSP Self-Monitoring Form provides a data gathering opportunity for each Area Agency on Aging (AAA), which supports agency understanding of the work, standards, skillsets, community outlook and performance.

All questions within this tool are required to be completed before moving to the next question. If a question does not pertain, please indicate not applicable (n/a).

If additional assistance is needed, feel free to email [theresa.a.powell@odhs.oregon.gov](mailto:theresa.a.powell@odhs.oregon.gov).

We thank you for your participation in completing this report.

## Identifying Information

1. Name of Agency
2. Name and title of individual filling out form
3. Counties covered by your AAA

## Caregiver Services

4. What is the 2024 unduplicated count of caregivers served within the FCSP?
5. What is the 2025 unduplicated count of caregivers served within the FCSP?
6. What is the 2024 unduplicated count of caregivers served within the RAPP?
7. What is the 2025 unduplicated count of caregivers served within the RAPP?
8. Provide a count of Caregiver's cases discharged in 2024 within the FCSP.
9. Provide a count of Caregiver's cases discharged in 2025 within the FCSP.
10. Provide a count of Caregiver's cases discharged in 2024 within the RAPP.
11. Provide a count of Caregiver's cases discharged in 2025 within the RAPP.

12. How many Caregiver's cases do you presently have on your waiting list for your FCSP?
13. How many Caregiver's cases do you presently have on your waiting list for your RAPP?
14. How is your Oregon Caregiver Assessment Tool (OCAT) completed? Check all that apply below.
- ☐ Home visits
  - ☐ Internet
  - ☐ Telephone
  - ☐ Teleconference
  - ☐ In-person interaction
  - ☐ Other
15. Name the Caregiver Services/Resources your agency provides within your FCSP.
- ☐ Counseling
  - ☐ CG Training
  - ☐ Information and Assistance
  - ☐ Information Services
  - ☐ Respite Care
  - ☐ Supplemental Services
  - ☐ Support Groups
16. Name the Caregiver Services/Resources your agency provides within your RAPP.
- ☐ Counseling
  - ☐ CG Training
  - ☐ Information and Assistance
  - ☐ Information Services
  - ☐ Respite Care
  - ☐ Supplemental Services
  - ☐ Support Groups

17. Which services were most requested/directed by your Caregivers within your FCSP in 2025? Check all that apply.

- ☐ Counseling
- ☐ CG Training
- ☐ Information and Assistance
- ☐ Information Services
- ☐ Respite Care
- ☐ Supplemental Services
- ☐ Support Groups

18. Which services were most requested/directed by your Caregivers within your RAPP in 2025? Check all that apply.

- ☐ Counseling
- ☐ CG Training
- ☐ Information and Assistance
- ☐ Information Services
- ☐ Respite Care
- ☐ Supplemental Services
- ☐ Support Groups

19. Which service(s) were least requested from your Caregivers in either program?

- ☐ Counseling
- ☐ CG Training
- ☐ Information and Assistance
- ☐ Information Services
- ☐ Respite Care
- ☐ Supplemental Services
- ☐ Support Groups

20. Share any barriers identified by your agency that may hinder your ability to provide services for caregivers, please include which specific services and programs where applicable.

## **Partnerships**

21. Does your AAA partner with private or public programs, faith organizations, health agencies or others to provide services or information that benefits caregivers?

- ☐ Yes
- ☐ No

22. Please list your community partners.

## **Feedback**

23. What is your AAA process to regularly ensure the quality of services and feedback from those receiving FCSP/RAPP services?

24. How does your AAA monitor risk factors that caregivers may experience from emotional/mental health/depression/physical health/financial stressors?

25. Does your AAA track caregiver turnover rates, satisfaction levels and participation in training and development programs to understand factors impacting retention and quality of care?

- ☐ Yes
- ☐ No

26. If your answer to #25 is yes, please describe the type of approach used to track the above factors about caregivers.

## **Recruitment**

27. Explain your successes with recruiting volunteers to help support Caregiver services. Please share your strategy or technique achievements for recruiting volunteers for your FCSP/RAPP program.

## **Service Equity**

28. Describe actions within your AAA that promote or facilitate equitable services and resources for caregivers who are people of color, Oregon Tribal members and members of LGBTQIA2S+ and immigrant communities. Provide examples of how you encourage an equitable environment for people of different ethnic groups seeking to access caregiver services.

## **Program Standards**

29. What are the steps/phases for your AAA in providing resources/services to each Caregiver?
30. What is your AAA policy to monitor and evaluate the Caregiver's progress within their services?
31. What is your agency's process for ensuring the quality of the Caregiver's services?
32. What is your agency's process for ensuring follow-up with caregivers who have received services?
33. Please provide your agency's policy to identify and provide services for caregivers who met the "priority" criteria as outlined in Section VI of the FCSP Standards Handbook.

## **Caregiver Eligibility**

34. Does your AAA not accept a caregiver due to any of the following reasons? Check all that apply.
- Caregiver has more needs that you can meet
  - Not enough staff workers
  - Caregiver does not live in your county range
  - Safety concerns for workers
  - Services not offered at your stated location
  - Lack of bilingual workers
  - Lack of funding
  - Other

## **Identified Needs**

35. Please identify areas where your program partners meet your AAA standards and criteria while supporting plans to reach your goals. Share some qualities from your program partner that make partnering with them potentially successful in completing your agency goals.

## **Program Performance**

Please rate how your program is performing overall using the performance scale provided.

1-Outstanding, 2-Exceeds Expectations, 3-Meets Expectations, 4-Needs Improvement.

Review each question below (36-38) and rate each category. A one indicates your agency's execution is outstanding. A four suggests that you believe your agency routine needs enhancement.

If you score any question with a four, use the answer box to provide your plans for changes in that area in 2026.

36. Improving consumer outcomes and delivery systems: 1, 2, 3 or 4

37. Effectively targeting services to at-risk populations: 1, 2, 3 or 4

38. Improving program efficiency: 1, 2, 3 or 4

39. If you scored your program's performance at four, please provide your plans to improve that performance rating in 2026.

40. If you scored your program's performance at one or two, please identify your program performance accomplishments in 2024-2025.

## **Areas of Program Success**

41. Please identify any areas of success where your AAA is achieving or exceeding its goals while fully meeting the program standards. What were the main factor(s) in achieving that success?

Thank you for completing this self-monitoring form!

Once you have clicked "Submit" below you are not able to change your answers.

If you have any questions, please contact [theresa.a.powell@odhs.oregon.gov](mailto:theresa.a.powell@odhs.oregon.gov).