LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE

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LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE (LOSFA)
SCHOLARSHIP AND GRANT DIVISION
Care of Grandparent(s) Questionnaire

If you are requesting an exception to the TOPS continuous enrollment requirement based on the care of your grandparent or great grandparent, you must complete this form. **Do not leave any questions blank**. **Read Instructions on Reverse Side**. Submit this form with all the documentation required by this form to LOSFA, S/G, P.O. Box 91202, Baton Rouge, LA 70821-9202**. Attach additional pages as necessary. (If you have not already done so, you must also submit a REQUEST FOR EXCEPTION FORM.**)

1. What is the disability or medical problem for which your grandparent required care? _____
   When was this disability diagnosed? _____ When did you start providing care? _____

2. Is/was the grandparent(s) for whom you provided care your custodian or legal guardian? **___ yes ___ no**

3. Does/did the grandparent(s) for whom you provided care have children? **___ yes ___ no** If so, how many? ____ Are/did any of these children providing care? **___ yes ___ no** If not, why not? _____
   _____

4. Do you have brothers, sisters or first cousins? **___ yes ___ no** If so, how many? ___ Are/did any of them providing care? **___ yes ___ no** If not, why not? _____

5. Who else provided care to your grandparent while you were a caregiver?

   ___ Non-relatives ___ Grandparent's other relatives ____ Hired caregiver ____ Hospital or Assisted Care Home staff

6. Did your grandparent live with you while you were the caregiver? **____ yes ____ no**. If not, where did he/she live? (Check one below)

   ___ Own home ___ Independent living or retirement ___ Assisted living ___ Nursing home ___ Someone else's home
   ___ Hospital

7. If not in your household while you were the caregiver, on average, how often did you provide care to your grandparent? If this amount varies, explain.

   ___ Once/week or more ___ A few times a month ___ 1/month ___ A few times a year ___Less often

8. If not living in your household when you were the caregiver, how far away (driving time) did your grandparent live from you while you were the caregiver? If the driving time varied, please explain.

   ___2+ hours ___1-2 hours ___20 minutes-1 hour ___Within 20 minutes from home ___In the same home

9. Considering all the kinds of help you provide/provided for your grandparent, about how many hours [do/did] you spend in an average week as a caregiver? If this amount varies, explain.

   ___ 5 hours or less ___ 6-10 hours ___ 11-15 hours ___ 16-20 hours ___ 20+ hours

10. The following are kinds of help, which might be provided to a person, if the person cannot do this by him or herself. For each, indicate whether you provide/provided this kind of help. Mark all that apply.

    ___ Transportation ___ Consult with Medical Provider ___ Grocery shopping ___ Housework ___ Managing finances ___ Preparing meals
    ___ Feeding ____ Giving medicines ___ Arranging services ___ Helping In/out of bed and chairs ___ Dressing ___ Bathing ___ Toileting
    ___Continence/diapers ___ Emotional Support ___Other, Explain _____

11. Do you commute to school? **___ yes ___ no** If "yes," how far and how many days per week do you commute?
    ___ miles per roundtrip ___ days per week

12. EXPLAIN WHY IT WAS NECESSARY FOR YOU TO PROVIDE CARE and provide any other relevant information not otherwise provided above: _____
    _____
    _____
    _____
    _____

(Additional sheets may be attached.)

CERTIFICATION

I certify that the above information, and any additional information included, is true and correct to the best of my knowledge. I understand that this information will be used to determine my eligibility for state scholarship or grant money, and as such, carries the same penalties for misrepresentation and fraud as my initial application.

Student's Signature: _____ Date: _____

Instructions for Answering Questions on Care of Grandparent(s) Questionnaire:

A. You must submit a Request for Exception Form with this Questionnaire attached.

B. Do not leave any questions blank.

C. Please print in blue or black ink.

D. You must sign and date the "CERTIFICATION" section at the bottom of the Questionnaire.

E. Instructions for specific, numbered questions on the front of the Questionnaire:

1. **You must attach a written statement from a qualified professional** (a health care professional licensed to diagnose and treat the illness suffered) **attesting to the disability or medical problem.** The statement must confirm the existence of the disability or medical condition, including the dates of treatment, the treatment required, the prognosis and/or length of recovery period, if applicable, the beginning and ending dates of the doctor's care and an opinion as to the necessity of the grandparent(s)'s need for care following the treatment.

2. A "custodian" is an adult appointed by a court of competent jurisdiction to have custody and care of a minor, and who demonstrates the requirement to provide the primary support for such minor.

3. "Children" includes children and step-children. If you require additional writing space, attach a separate sheet to this form.

4. If you require additional writing space, attach a separate sheet to this form.

5. Check all that apply.

6. Check all that apply. If your grandparent lives or lived in multiple locations while you were a caregiver, give the percentage of time he or she lived in each location.

7. If you require additional writing space, attach a separate sheet to this form.

8. If you require additional writing space, attach a separate sheet to this form. If you did not drive (for example, if your grandparent lived within walking distance), state the amount of time required to travel to your grandparent's location.

9. If you require additional writing space, attach a separate sheet to this form.

10. **You must attach a written statement from someone, other than you, who states that you were needed and did provide these types of care to your grandparent, as you have claimed.** This statement may be from a relative or a qualified professional who is familiar with the circumstances. If you require additional writing space, attach a separate sheet to this form.

11. If this time varies, explain. If you require additional writing space, attach a separate sheet to this form.

12. If you require additional writing space, attach a separate sheet to this form.