

**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**
 Contenance/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.