

**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
DEPARTMENT OF HUMAN SERVICES
DIVISION OF SENIOR CITIZENS AFFAIRS
Knud Hansen Complex-Building A
1303 Hospital Ground
St. Thomas, Virgin Islands 00802**

Family Caregiver Support Program

Caregiver Identification Form

Name of Caregiver: _____ **Age:** _____

Alternate Caregiver: _____ **Age:** _____

Mailing/Residential Address: _____

Home Phone: _____

Work Phone: _____

Recipient of Care: _____ **Age:** _____

Primary Need: _____

Secondary Need: _____

Mailing/Residential Address: _____

Home Phone: _____

Point of Contact: Mrs. Arleen Evans-O'Reilly, Director
Shirma L. Henry, Assistant Director

(340) 773-2323 Ext.2126 (St. Croix)
(340) 774-0930 Ext. 4120 (St. Thomas)