**North Central Texas Area Agency on Aging**

**2024 Caregiver Support Eligibility Screening Form**

(This form is to be completed along with the NCTAAA intake form)

|  |  |
| --- | --- |
| Date:  | Referral Source:  |
| Name of Caregiver:  |
| Name of Care Recipient:  |

* Care recipient must be at least 60 years old or have dementia
* Care recipient must live in Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell or Wise County

In order for the agency to purchase services, the caregiver or care receiver should be experiencing financial hardship, as evidenced by:

* low income for the caregiver’s household (i.e., ­ <$1,882 for one-person household, $2,554 for two-person household, $3,226 for three-person household, and $3,900 for four-person household); or
* relatively low income for the care recipient (i.e., ­ <$1,882 for one-person household, $2,554 for two-person household, $3,226 for three-person household, and $3,900 for four-person household); or
* expenses that exceed the caregiver’s or care recipient’s income

**The caregiver must meet at least THREE of the following (check all that apply):**

[ ]  Cares for someone who has Alzheimer’s disease/dementia, memory problems, or confusion

* Does care receiver live alone? [ ]  Yes [ ]  No
* Does care receiver have any “challenging” behaviors such as wandering, agitation, suspiciousness, hallucinations, or delusions? [ ]  Yes [ ]  No
* Does care receiver have any behaviors that are dangerous to self or others? [ ]  Yes [ ]  No
* Is caregiver interested in any dementia training, support, or counseling? [ ]  Yes [ ]  No

[ ]  Cares for someone who has difficulty with two or more activities of daily living; chronic physical or mental illness; and/or IDD

[ ]  Cares for someone who has been in a hospital, rehabilitation facility, ER, or skilled nursing facility within the last several weeks/or has experienced significant decline in function (generally 2-4 weeks)

[ ]  Has had to cut back on work hours or activities because of care responsibilities, and/or has experienced physical/emotional problems because of care responsibilities

[ ]  Cares for someone who has no other help — either paid or unpaid

[ ]  Lives in the same house as the person receiving care

**Fax completed form and NCTAAA intake form to 940-222-4741**

**For NCTAAA office use only:** [ ]  Referral assigned to NCTAAA case manager [ ]  No referral Assigned

Please note if referred to:

* + - [ ]  REACH
		- [ ]  James L. West for Compassionate Touch, Dementia Live, Dealing with Dementia,

 and/or Stress-Busters for Family Caregivers

* + - [ ]  VA
		- [ ]  Meals on Wheels
		- [ ]  Community Attendant Services

Notes (if applicable):

Staff Signature: Date:

**North Central Texas Area Agency on Aging**

**2024 Older Relative Caregiver Eligibility Screening Form**

(This form is to be completed along with the NCTAAA intake form)

|  |  |
| --- | --- |
| Date:  | Referral Source:  |
| Name of Caregiver:  |
| Name of Care Recipient:  |

**Care recipient must live in Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto,**

 **Parker, Rockwall, Somervell or Wise County**

 **Older relative eligibility criteria:**

* Older relative **(other than biological parent)** age 55 and older **providing care to children aged 18 or younger who:**
* is the grandparent, step-grandparent or other relative (other than the parent) by blood, marriage or adoption, of the child; and
* is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and
* has a legal relationship to the child, such as legal custody, adoption or guardianship, or is raising the child informally
* Older relative, age 55 and older **providing care to adults ages 18-59 with a disability who:**
* Lives with, is the informal provider of in-home and community care, is the primary caregiver, and is related by blood, marriage or adoption to the person with a disability. Disability is defined as “mental or physical impairment, or a combination of mental and physical impairments that are likely to continue indefinitely and result in substantial functional limitation in three or more major life activities,” including self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; economic self-sufficiency; cognitive functioning; and emotional adjustment.”
* The care receiver must need help with at least two activities of daily living to qualify for respite care.

**The caregiver must meet at least THREE of the following (check all that apply):**

[ ]  Cares for a person who has cognitive impairment

[ ]  Cares for someone who has difficulty with two or more activities of daily living

[ ]  Cares for person who has been in a hospital, rehabilitation facility, or nursing facility within the last several weeks (generally 2-4 weeks), and/or has experienced physical problems because of care responsibilities

[ ]  Cares for person who has no other help — either paid or unpaid

[ ]  Has income no more than 150% of the poverty level ($1,882 for individual, $2,554 for a couple, $3,226 for a three-person household, $3,900 for a four-person household), not including the care receiver’s income

**Fax completed form and NCTAAA intake form to 940-222-4741**

Notes (if applicable):

Staff Signature: Date: