

Intake

Area Agency on Aging of North Central Texas

The information on this form is needed to provide services. All information is confidential and will be guarded against unofficial use and shared only to get services started or changed.

*Release of Information and Client Rights and Responsibilities explained.

Note: All items marked with an asterisk (*) are required.

Part I – Recipient Identification

*Date:		SPURS ID No.:		Primary Language:	
*Last Name:		*First Name:		*MI:	*Date of Birth:
				*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
*Street Address and Apt. No. or P.O. Box:		*City:	*State:	*ZIP Code:	*County:
*Area Code and Phone No.: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other			Email Address:		
<input type="checkbox"/> Check if Mailing Address is different from Home Address and enter Mailing Address below:					
*Street Address and Apt. No.:		*City:	*State:	*ZIP Code:	*County:
*Ethnicity (Check One): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Missing/Unknown		*Race (Check all that apply): <input type="checkbox"/> American Indian/Native Alaskan (Alone) <input type="checkbox"/> Asian (Alone) <input type="checkbox"/> Black or African American (Alone) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander (Alone) <input type="checkbox"/> White <input type="checkbox"/> Not Available		Marital Status (Check One): <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Not Reported	
*Lives with? <input type="checkbox"/> Lives alone <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child/Children <input type="checkbox"/> Spouse & Child <input type="checkbox"/> Lives in Long Term Care (LTX) Facility <input type="checkbox"/> Other					
*Veteran Status - Have you ever served in the United States Armed Forces or Texas Military Forces, regardless of length of service or type of discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Chooses not to answer					
Use current Department of Health and Human Services Federal Poverty Guidelines for size of household to decide if person is at or below poverty. 2026 limits: \$1,330 individual; \$1,803 couple			*At or below poverty? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not provided		Monthly Household Income:
					Total No. of People in Household:
Monthly Income from:		Participant		Spouse	
Job					
Social Security					
Supplemental Security Income					
Veterans Affairs					
Other Sources					
Other Benefits [e.g., Supplemental Nutritional Assistance Program(SNAP)]					

Part II – Service(s) Requested (Completed by AAA or provider staff)

<p>List of Requested Services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Benefits Counseling <input type="checkbox"/> Caregiver Education <input type="checkbox"/> Emergency Response Sys. <input type="checkbox"/> Health Maintenance Supplies <input type="checkbox"/> Homemaker <input type="checkbox"/> Home-Delivered Meals 	<ul style="list-style-type: none"> <input type="checkbox"/> Nutritional Supplements <input type="checkbox"/> Personal Care <input type="checkbox"/> Prescription Assistance <input type="checkbox"/> Residential Repair <input type="checkbox"/> Transportation <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Other
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Part III – Emergency Contact Information

Contact Name:	Relationship:	Area Code and Phone No.:
Primary Care Physician:		Area Code and Phone No.:

Part IV – Referral (Completed by AAA or provider staff)

Referred by:	
*Name of AAA or Provider Staff Completing Intake:	*Date:

Part V – Nutrition Services (Completed by AAA or provider staff)

*Additional Eligibility Requirements if eligible person is under 60. Check which of the following applies:

- Eligible person is under 60 and the spouse of person 60 or older who takes part in the nutrition program.
- Eligible person is under 60, serves as volunteer at the nutrition site and the provider offers a meal according to AAA procedures.
- Eligible person is under 60, has a disability and lives in a housing facility occupied primarily by people 60 and over where congregate meals are served.
- Eligible person is under 60, has a disability, lives with a person eligible for a meal and the provider offers a meal according to AAA procedures.

Diagnosis	Referral made to HHS?	Name/Phone # of Person making Referral