

**North Central Texas Area Agency on Aging**  
**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:

- relatively low income for the caregiver's household (i.e.,  $\leq$  \$60,000/year); or
- relatively low income for the care recipient (i.e.,  $\leq$  \$1,699/mo.); or
- expenses that exceed the caregiver's or care recipient's income

*(If financial criteria are not met, callers can receive information from NCTAAA case managers about ongoing care options and services provided by other agencies).*

**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
  
- 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 experience 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: \_\_\_\_\_