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:		
Rockwall, Somervell or Wise Co In order for the agency to purchase servevidenced by:	n, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker,	
 relatively low income for the of household, \$3,226 for three-p 	erson household, and \$3,900 for four-person household); or are recipient (i.e., <\$1,882 for one-person household, \$2,554 for two-person erson household, and \$3,900 for four-person household); or giver's or care recipient's income	
The caregiver must meet at least THREE of the following (check all that apply):		
 Does care receive Does care receive hallucinations, or Does care receive 	have any "challenging" behaviors such as wandering, agitation, suspiciousness,	
☐ Cares for someone who has illness; and/or IDD	difficulty with two or more activities of daily living; chronic physical or mental	
	been in a hospital, rehabilitation facility, ER, or skilled nursing facility within the specienced significant decline in function (generally 2-4 weeks)	
	k hours or activities because of care responsibilities, and/or has experienced as because of care responsibilities	
\square Cares for someone who has no other help — either paid or unpaid		
☐ Lives in the same house as	he person receiving care	
Please note if referre REACH James L. Wes and/or Stres VA Meals on Wh	t for Compassionate Touch, Dementia Live, Dealing with Dementia, s-Busters for Family Caregivers	
Fax completed form and NCTAAA intake form to 940-222-4741 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 Parker, Rockwall, Somervell or Wise Cou	r, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, unty
 who: is the grandparent, step-grandparent adoption, of the child; and is the primary caregiver of the child be serve as the primary caregivers of the has a legal relationship to the child, se informally Older relative, age 55 and older providing the Lives with, is the informal provider of blood, marriage or adoption to the perimpairment, or a combination of mer result in substantial functional limitate and expressive language; learning; me sufficiency; cognitive functioning; and 	uch as legal custody, adoption or guardianship, or is raising the child one care to adults ages 18-59 with a disability who: in-home and community care, is the primary caregiver, and is related by erson with a disability. Disability is defined as "mental or physical ital and physical impairments that are likely to continue indefinitely and ion in three or more major life activities," including self-care; receptive obility; self-direction; capacity for independent living; economic self-
The caregiver must meet at least THREE of	the following (check all that apply):
☐ Cares for a person who has cognitive	impairment
\square Cares for someone who has difficulty wit	h two or more activities of daily living
•	ospital, rehabilitation facility, or nursing facility within the last and/or has experienced physical problems because of care
$\ \square$ Cares for person who has no other h	elp — either paid or unpaid
	ne poverty level (\$1,882 for individual, \$2,554 for a couple, \$3,226 O for a four-person household), not including the care receiver's
Fax completed form a	nd NCTAAA intake form to 940-222-4741
Notes (if applicable):	

Staff Signature: _____ Date: _____