

**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:
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Name of caregiver: _____

Name of care recipient: _____

- Care recipient must be 60 years or older
- 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
- _____ 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 (generally 2-4 weeks)/is exhibiting behaviors that are dangerous to self or others if diagnosis of dementia
- _____ 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
Notes (if applicable):
- _____ No referral assigned

Staff signature

Date