

North Central Texas Area Agency on Aging
Older Relative Caregiver Eligibility Screening Form
(This form is to be completed along with the NCTAAA intake form)

Date:	Referral Source:
-------	------------------

Name of care recipient: _____

- Individual must live in Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell or Wise County

Name of caregiver: _____

Caregiver eligibility criteria:

- Adult family members or other informal caregivers age 18 and older providing care to individuals 60 years of age & older or
- Adult family members or other informal caregivers age 18 and older providing care to individuals of any age with Alzheimer’s disease and related disorders or
- Older relatives (not parents) age 55 and older providing care to children under the age of 18 or
- Older relatives, including parents, age 55 and older providing care to adults ages 18-59 with severe disabilities, 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**(Circle at least three functional limitations that apply.)**

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

- _____ Cares for grandchild or child who is medically fragile or who has special needs
- _____ Provides care to more than one person (i.e. grandchild, elderly family member, disabled adult)
- _____ 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 grandchild or adult relative who has no other help — either paid or unpaid
- _____ Has income no more than 150% of the poverty level (\$1,699 for individual, \$2,289 for a couple), not including the grandchild’s or adult relative’s income

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