



**AREA AGENCY ON AGING OF NORTH CENTRAL TEXAS
CAREGIVER SUPPORT PROGRAM INTAKE/REFERRAL FORM**

(Items in **BOLD** must be completed)

Client Rights & Responsibilities and Release of Information have been clearly explained to the caregiver ()

DATE:	CONSUMER ID NUMBER: (For internal use only)
CAREGIVER INFORMATION Eligible caregivers must be: <ul style="list-style-type: none"> • Adult family members or other informal caregivers age 18 and older providing care to individuals 60 years of age and older • 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 • Older relatives (not parents) age 55 and older providing care to children under the age of 18; and • Older relatives, including parents, age 55 and older providing care to adults ages 18-59 with disabilities 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 of more major life activities," including: <ul style="list-style-type: none"> ○ self-care; ○ receptive and expressive language; ○ learning; mobility; ○ self-direction; ○ capacity for independent living; ○ economic self-sufficiency; ○ cognitive functioning; and ○ emotional adjustment. <p>Circle functional limitations that apply.</p>	
NAME: (Last, MI, First)	
STREET ADDRESS/Apt. #: (Number, City, State & ZIP)	
MAILING ADDRESS (If different):	
PHONE: (Please indicate if cell, work or home)	
GENDER: () M () F	DOB:
ETHNICITY: () Hispanic or Latino () Not Hispanic or Latino () Ethnicity Not Reported () Consumer declined to provide	TOTAL MONTHLY HOUSEHOLD INCOME (2019): () Poverty (Single person family unit <= \$1,040/mo) (Two person family unit <= \$1,409/mo) () Low (150% FPL) (Single person family unit <= \$1,560/mo) (Two person family unit <= \$2,113/mo) () Moderate (Single person family unit > \$1,560, but <= \$2,918/mo) (Two person family unit > \$2,113, but <= \$3,648/mo) () High (Single person family unit > \$2,918/mo) (Two person unit > \$3,648/mo) () Consumer declined to provide
RACE: () White - Non Hispanic () White - Hispanic () American Indian/Alaska Native () Asian () Black or African American () Native Hawaiian or Pacific Islander () Persons Reporting Some Other Race () Race Not Reported () Consumer declined to provide	MARITAL STATUS: () Married () Widowed () Divorced () Separated () Never Married () Not Reported
CONSUMER'S (CAREGIVER) PRIMARY LANGUAGE: _____	

If caregiver is a 55+ grandparent or relative of a child 18 years of age or younger who:

- lives with the child;
- is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
- has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally;

Complete the following:

Number of children 18 years of age or younger for whom the individual is providing care: _____

List identification number(s), name(s), birth date(s), gender(s) and relationship(s) of children 18 years of age or younger:

Consumer ID Number	Name	Birth Date	Gender	Relationship
	1.			
	2.			
	3.			
	4.			

SERVICES REQUESTED:

- | | |
|--|--|
| <input type="checkbox"/> Emergency Response System | <input type="checkbox"/> Benefits Counseling |
| <input type="checkbox"/> Health Maintenance Supplies/
Nutritional Supplements | <input type="checkbox"/> Caregiver Education |
| <input type="checkbox"/> Home-Delivered Meals | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Medication Management | |
| <input type="checkbox"/> Prescription Assistance | |
| <input type="checkbox"/> Respite | |
| <input type="checkbox"/> Residential Repair | |
| <input type="checkbox"/> Utility Assistance | |

REFERRAL SOURCE:

Name:

Phone number:

Relationship to Caregiver/Recipient:

DIAGNOSIS:

WAS A REFERRAL MADE TO HHS? Yes () No ()

COMMENTS:

INITIAL SCREENING BY:

Print name of AAA/Provider Staff Completing Intake

Date