

**North Central Texas Area Agency on Aging
Care Coordination Eligibility Screening Form**

(This form is to be completed along with the NCTAAA intake form)

Date:	Referral Source:
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Name of person needing services: _____

- Individual must be 60 years or older
- Individual must live in Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell or Wise County

The older adult must meet at least FOUR of the following (check all that apply):

- ☐ Has low income, no more than 150% of the poverty level (\$1,956 for individual, \$2,645 for couple/mo. in 2025)
- ☐ Has difficulty with three or more daily activities (i.e., getting out of bed or a chair, walking, dressing, bathing, eating, grooming, and toileting)
- ☐ Has been in a hospital, emergency department, rehabilitation facility, or skilled nursing facility (within the last four weeks)
- ☐ Has severe health condition, with need for assistance on a regular basis
- ☐ Has no help from family or friends

Has in-home services-VA, HHS: CAS, FC, SP, SPW, Private Pay ☐ Yes ☐ No

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

Notes (if applicable):

Staff Signature: _____ Date: _____