

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:	

- Care recipient must be at least 60 years old **OR** have dementia
- 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 pay for services provided, the caregiver **OR** care receiver should be experiencing financial need, such as:

- low income for the caregiver's household (i.e., no more than \$1,956 for one-person household, \$2,645 for two-person household, \$3,331 for three-person household, and \$4,019 for four-person household); or
- low income for the care recipient (i.e., no more than \$1,956 for one-person household, \$2,645 for two-person household, \$3,331 for three-person household, and \$4,019 for four-person household); or
- expenses that exceed the caregiver's or care recipient's income

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

- ☐ Cares for someone who has difficulty with three or more activities of daily living (getting out of bed or chair, walking, dressing, bathing/showering, toileting, feeding, or grooming)

Has a severe health condition with need for assistance on a regular basis

- ☐ Cares for someone who has been in a hospital, rehabilitation facility, emergency department, or skilled nursing facility within the last four weeks, and/or exhibits behaviors that are dangerous to self/others
- ☐ 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 ☐ No referral Assigned

Please note if referred to:

- ☐ REACH
- ☐ James L. West for Compassionate Touch, Dementia Live, Dealing with Dementia, and/or Stress-Busters for Family Caregivers
- ☐ VA
- ☐ Meals on Wheels
- ☐ Community Attendant Services

Notes (if applicable):

Staff Signature: _____

Date: _____