TEXAS Health and Human Services

Area Agency on Aging of North Central Texas
CLIENT INTAKE AND SERVICE REQUEST

Area Agency on Aging OF NORTH CENTRAL TEXAS

Note: (Items marked with an (*) must be completed)

***The information on this form is required by your local service provider, the Area Agency on Aging (AAA), and the Texas Health and Human Services Commission. All information provided will be kept confidential and guarded against unofficial use. Information gathered through an intake or through an assessment may be shared to effectively plan, arrange and deliver services to meet an individual's needs.**

***Release of information has been clearly explained to the individual.** ☐

***DATE:**		**CLIENT'S SAMS ID:**	
*Last Name:	Middle:		*First Name:
*Gender: ☐ M ☐ F	*Birth Date:		*Primary Language:
***HOME ADDRESS**			
*Street/Apt. #:			
*City:	*State:	*ZIP:	*County:
***MAILING ADDRESS: Check if Mailing Address is Home Address** ☐			
*Street/Apt. #:			
*City:	*State:	*ZIP:	*County:
***AREA CODE and TELEPHONE NUMBER (Check one)**			
☐ Home:	☐ Cell:	☐ Other:	

***CLIENT CHARACTERISTICS**

***ETHNICITY:** (Check one)	***RACE:** (Check all that apply)	***MARITAL STATUS:** (Check one)
☐ Hispanic or Latino	☐ White - Non Hispanic	☐ Married
☐ Not Hispanic or Latino	☐ White - Hispanic	☐ Widowed
☐ Ethnicity Not Reported	☐ American Indian/Alaska Native	☐ Divorced
☐ Consumer declined to provide	☐ Asian	☐ Separated
	☐ Black or African American	☐ Never Married
	☐ Native Hawaiian or Pacific Islander	☐ Marital Status Not Reported
	☐ Persons Reporting Some Other Race	
	☐ Race Not Reported	
	☐ Consumer declined to provide	

***DOES INDIVIDUAL LIVE ALONE?**

☐ Yes ☐ No

Total Number of Family Members in Household Including Individual:

***MEDICARE/MEDICAID?**

Are you enrolled in:

☐ **Medicare** **Medicare No:**

☐ **Medicaid** **Medicaid No:**

***TOTAL MONTHLY HOUSEHOLD INCOME (2021):**

☐ **Poverty**
(Single person family unit < =$1,073/mo)
(Two person family unit <=$1,452/mo)

☐ **Low (150% FPL)**
(Single person family unit <=$1,610/mo)
(Two person family unit <= $2,178/mo)

☐ **Moderate**
(Single person family unit >$1,610, but <=$3,945/mo)
(Two person family unit >$2,178, but <=$4,818/mo)

☐ **High**
(Single person family unit > $3,945/mo)
(Two person unit > $4,818/mo)

☐ **Consumer declined to provide**

CLIENT INTAKE AND SERVICE REQUEST (cont.)

Monthly Income from:	Individual	Spouse
Job		
Social Security		
Supplemental Security Income		
Veterans Affairs		
Other Sources		
Other Benefits (e.g., Supplemental Nutritional Assistance Program (SNAP))		

***EMERGENCY CONTACT INFORMATION:**

Contact Name:	Relationship:	Phone:

Primary Care Physician:	Phone:

***SERVICES REQUESTED/OTHER INFORMATION:**

SERVICES REQUESTED:

- ☐ Benefits Counseling
- ☐ Caregiver Education
- ☐ Emergency Response Sys.
- ☐ Health Maintenance Supplies
- ☐ Home-Delivered Meals
- ☐ Homemaker
- ☐ Medication Management
- ☐ Nutritional Supplements
- ☐ Personal Care
- ☐ Prescription Assistance
- ☐ Residential Repair
- ☐ Transportation
- ☐ Utility Assistance
- ☐ Other:

REFERRAL SOURCE:

Name:

Referred by:

Agency:

- ☐ Texas Dept of Family and Protective Services (DFPS)
- ☐ Texas Department of State Health Services (DSHS)
- ☐ Home and Community Care Organization

- ☐ Family member
- ☐ Doctor
- ☐ Hospital
- ☐ Assisted Living Facility
- ☐ Other

Phone number:

DIAGNOSIS:

WAS A REFERRAL MADE TO HHS? ☐ Yes ☐ No

INITIAL SCREENING BY:

COMMENTS:

***Signature - AAA/Provider Staff Completing Intake** **Date**

CLIENT INTAKE AND SERVICE REQUEST (cont.)

To be completed by AAA Provider/Staff

Nutrition Services: If participant is "other Older Americans Act (OAA) or NSIP eligible participant under 60 years of age," check which of the following applies:

☐ (1) Spouse is eligible and participates at the nutrition site

☐ (2) Serves as volunteer at the nutrition site in accordance with OAA standards.

☐ (3) Disabled/resides in the housing facility and wants to participate in the congregate meal program provided at the site.

☐ (4) Disabled and lives with the person participating in the congregate meal program.