

**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 person needing services must meet at least THREE of the following (check all that apply):

_____ Has low income, no more than 150% of the poverty level (\$1,595 for individual, \$2,155 for couple/mo. in 2020)

_____ Has difficulty with two or more daily activities: walking, dressing, bathing, eating, grooming, toileting

_____ Has been in a hospital, rehabilitation facility, or skilled nursing facility within the last several weeks (generally 2-4 weeks)

_____ Has a diagnosis of Alzheimer's disease, dementia, memory problems, confusion or chronic physical or mental illness

_____ Has no help from family or friends but may have paid provider through a state program

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