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:

- 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 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 or more major life activities," including:
  - o self-care;
  - o receptive and expressive language;
  - o learning; mobility;
  - o self-direction;
  - o capacity for independent living;
  - o economic self-sufficiency;
  - o cognitive functioning; and
  - o emotional adjustment.

Circle at least three functional limitations that apply.

NAME: (Last, MI, First)

STREET ADDRESS/Apt. #: (Number, City, State & ZIP) **COUNTY:**

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

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

TOTAL MONTHLY HOUSEHOLD INCOME (2020):

( ) **Poverty**
(Single person family unit < =$1,063/mo)
(Two person family unit <=$1,437/mo)
( ) **Low (150% FPL)**
(Single person family unit <=$1,595/mo)
(Two person family unit <= $2,155/mo)
( ) **Moderate**
(Single person family unit >$1,595, but <=$3,190/mo)
(Two person family unit >$2,155, but <=$4,310/mo)
( ) **High**
(Single person family unit > $3,190/mo)
(Two person unit > $4,310/mo)
( ) **Consumer declined to provide**

CONSUMER'S (CAREGIVER) PRIMARY LANGUAGE:

_____

MARITAL STATUS:

( ) Married
( ) Widowed
( ) Divorced
( ) Separated
( ) Never Married
( ) Not Reported

CAREGIVER INFORMATION (cont.)

RELATIONSHIP TO CARE RECIPIENT:

( ) Husband **( ) Niece**
( ) Wife **( ) Nephew**
( ) Son/Son-in-Law **( ) Non-Relative**
( ) Daughter/Daughter-in-Law **( ) Other Relative**
( ) Relationship Missing

Relationship to care recipient(s) if 18 years of age or less (Caregiver must be 55+ years of age and fall under OAA, Section 372 as defined):

( ) Grandparents
( ) Other Elderly Relative
( ) Other Elderly Non-Relative

DOES CAREGIVER LIVE ALONE? ( ) Y ( ) N

DOES CAREGIVER LIVE WITH THE CARE RECIPIENT? ( ) Y ( ) N

If no, how often does the Caregiver have contact with the Care Recipient? _____

EMERGENCY CONTACT INFORMATION (FOR CAREGIVER):

Contact Name:

Relationship:

Phone: (____) _____

CARE RECIPIENT INFORMATION

NAME: (Last, MI, First)

CONSUMER ID NUMBER: (For internal use only)

STREET ADDRESS/Apt. #: (Number, City, State & ZIP)

COUNTY:

MAILING ADDRESS (If different):

PHONE: (Please indicate if cell, work or home)

GENDER: ( ) M ( ) F

DOB:

ETHNICITY:

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( ) Native Hawaiian or Pacific Islander
( ) Persons Reporting Some Other Race
( ) Race Not Reported
( ) Consumer declined to provide

LANGUAGE SPOKEN AT HOME: _____

Does the Care Recipient require an interpreter? ( ) Y ( ) N

If yes, who helps in the interpretation? _____

DOES CARE RECIPIENT LIVE ALONE? ( ) Y ( ) N

IS CARE RECIPIENT RECEIVING MEDICAID? ( ) Y ( ) N

MARITAL STATUS:

( ) Married
( ) Widowed
( ) Divorced
( ) Separated
( ) Never Married
( ) Not Reported

TOTAL MONTHLY HOUSEHOLD INCOME (2020):

( ) **Poverty**
(Single person family unit < =$1,063/mo)
(Two person family unit <=$1,437/mo)
( ) **Low (150% FPL)**
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(Single person family unit > $3,190/mo)
(Two person unit > $4,310/mo)
( ) **Consumer declined to provide**

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:

( ) Emergency Response System
( ) Health Maintenance Supplies/ Nutritional Supplements
( ) Home-Delivered Meals
( ) Homemaker
( ) Medication Management
( ) Personal Assistance
( ) Prescription Assistance
( ) Respite
( ) Residential Repair
( ) Utility Assistance
( ) Benefits Counseling
( ) Caregiver Education
( ) Transportation
( ) Other:

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**