

**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 (\$1,882 for individual, \$2,554 for couple/mo. in 2024)
- Has difficulty with two or more daily activities: walking, dressing, bathing, eating, grooming, toileting
- Has been in a hospital, ER, rehabilitation facility, or skilled nursing facility within the last several weeks (generally 2-4 weeks)/exhibits behaviors that pose danger to self or others
- Has a diagnosis of Alzheimer’s disease, dementia, memory problems, or confusion, or chronic physical or mental illness (recovering from stroke)

If diagnosis of dementia or memory problems, does individual live alone?

- Yes No

- 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
- No referral assigned

Notes (if applicable):

Staff Signature: _____ Date: _____