## 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:
Name of person needing services:	
<ul> <li>Individual must be 60 years or older</li> <li>Individual must live in Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell or Wise County</li> </ul>	
The older adult must meet at least FOUR of the following (check all that apply):	
☐ Has low income, no more than 150 couple/mo. in 2024)	0% of the poverty level (\$1,882 for individual, \$2,554 for
☐ Has difficulty with three or more daily activities (i.e., getting out of bed or a chair, walking, dressing, bathing, eating, grooming, and toileting)	
	department, rehabilitation facility, or skilled nursing facility or exhibits behaviors that pose danger to self or others
_	re memory problems, or significant cognitive impairment; n, with need for frequent assistance
If diagnosis of dementia or	severe memory problems, does individual live alone?
☐ Yes ☐ No	
☐ Has no help from family or friends Has in-home services-VA, H	IHS: CAS, FC, SP, SPW, Private Pay   Yes   No
Fax completed form and NCTAAA intake form to 940-222-4741.	
For NCTAAA office use only:  Referral assigned to NCTAAA case  No referral assigned	manager
Notes (if applicable):	
Staff Signature:	Date: