North Central Texas Area Agency on Aging 2024 Caregiver Support Eligibility Screening Form

(This form is to be completed along with the NCTAAA intake form)

Date:	Referral Source:
Name of Caregiver:	
Name of Care Recipient:	
 Care recipient must be at least 60 yea Care recipient must live in Collin, Den Rockwall, Somervell or Wise County 	ars old OR have dementia nton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker
In order for the agency to pay for services pros	vided, the caregiver OR care receiver should be experiencing financial need,
 low income for the caregiver's house person household, \$3,226 for three- low income for the care recipient (i.e 	ehold (i.e., <u>no more than</u> \$1,882 for one-person household, \$2,554 for two-person household, and \$3,900 for four-person household); or e., <u>no more than</u> \$1,882 for one-person household, \$2,554 for two-person household, and \$3,900 for four-person household); or s or care recipient's income
The caregiver must meet at least FOUI	R of the following (check all that apply):
 impairment Does care receiver live a Can care recipient be lef Does care receiver have hallucinations, or delusion Does care receiver have violence, lack of safety a 	ft alone for any amount of time
	culty with three or more activities of daily living (getting out of bed or chair, ering, toileting, feeding, or grooming), and/or severe health condition with
	in a hospital, rehabilitation facility, emergency department, or skilled nursing, and/or exhibits behaviors that are dangerous to self/others
 Has had to cut back on work hour physical/emotional problems bec 	rs or activities because of care responsibilities, and/or has experienced cause of care responsibilities
$\ \square$ Cares for someone who has no ot	ther help — either paid or unpaid
\square Lives in the same house as the pe	erson receiving care
Fax completed for	rm and NCTAAA intake form to 940-222-4741
Please note if referred to: ■ □ REACH	
Notes (if applicable):	

Date:

Staff Signature: _

North Central Texas Area Agency on Aging 2024 Older Relative Caregiver Eligibility Screening Form

	(This form is to be completed along with the NCTAAA intake form)		
Date:	Referral Source:		
Name of	Caregiver:		
Name of	Care Recipient:		
-	pient must live in Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, ker, Rockwall, Somervell or Wise County		
Old	er relative eligibility criteria:		
•	Older relative (other than biological parent) age 55 and older providing care to children aged 18 or younger who:		
	 is the grandparent, step-grandparent or other relative (other than the parent) by blood, marriage or adoption, of the child; <u>and</u> 		
	 is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and 		
	 has a legal relationship to the child, such as legal custody, adoption or guardianship, or is raising the child informally 		
•	 Older relative, age 55 and older providing care to adults ages 18-59 with a disability who: Lives with, is the informal provider of in-home and community care, is the primary caregiver, and is related by blood, marriage or adoption to the person with a disability. Disability is 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 self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; economic self-sufficiency; cognitive functioning; and emotional adjustment." The care receiver must need help with at least two activities of daily living to qualify for respite care. 		
The car	regiver must meet at least THREE of the following (check all that apply):		
	Cares for a person who has cognitive impairment		
	Cares for someone who has difficulty with three or more activities of daily living; and/or severe health condition with need for frequent assistance		
	Cares for person who has been in a hospital, rehabilitation facility, or nursing facility within the last several weeks (generally 2-4 weeks), and/or has experienced physical problems because of care responsibilities		
	Cares for person who has no other help — either paid or unpaid		
	Has income no more than 150% of the poverty level (\$1,882 for individual, \$2,554 for a couple, \$3,226 for a three-person household, \$3,900 for a four-person household), not including the care receiver's income		
	Fax completed form and NCTAAA intake form to 940-222-4741		

Staff Signature: _____ Date: _____

Notes (if applicable):

Rev. 09/2024