Area Agency on Aging

AREA AGENCY ON AGING OF DEEP EAST TEXAS

CLIENT INTAKE AND SERVICE REQUEST FORM

NEW APPLICANT

Congregate ☐

Home Delivered ☐

NACOGDOCHES COUNTY AGING COMMITTEE

Client Rights & Responsibilities and Release of Information have been clearly explained to the client. ☐

Date: _____ Client ID Number: _____

Last Name: _____ **MI**: _____ **First Name:** _____

Gender: **Male** ☐ **Female** ☐ **Birth Date:** _____ Primary Language: _____

Home Address: Street/Apt. #: _____

City: _____ **State**: _____ **Zip Code:** _____ **County**: _____

☐ **Check if Mailing Address is Home Address**

Mailing Address: Street/Apt. #: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: (_____) _____ Home ☐ Cell ☐ Other ☐ (Check One)

Ethnicity (Check One):

(1) Hispanic or Latino ☐

(2) Not Hispanic or Latino ☐

(3) Ethnicity Not Reported ☐

Race (Check all that apply):

(1) White – Non Hispanic ☐

(2) White – Hispanic ☐

(3) American Indian/Alaska Native ☐

(4) Asian ☐

(5) Black or African American ☐

(6) Native Hawaiian or Pacific Islander ☐

(7) Persons Reporting Some Other Race ☐

(8) Race Not Reported ☐

Marital Status (Check One):

(1) Married ☐

(2) Widowed ☐

(3) Divorced ☐

(4) Separated ☐

(5) Never Married ☐

(6) Not Reported ☐

Does client live alone? Yes ☐ **No** ☐

Total Number of Family Members in Household Including Client: _____

Client living in poverty (Low Income)? Yes ☐ **No** ☐

Funded by the Texas Department of Aging and Disability Services

Monthly Household Income: $_____ Low Income ☐ Moderate Income ☐ High Income ☐

{Use Current Year Federal Poverty Guideline Levels for Low Income/Poverty}

Monthly Income from:	Individual	Spouse
Job		
Social Security		
SSI		
VA		
Other Sources		
Other Benefits (e.g., Food Stamps)		

Emergency Contact Information:

Contact Name: _____ Phone: (_____) _____

Relationship: _____

Service(s) Requested: _____

Are you enrolled in? ☐ Medicare - Medicare # _____ ☐ Medicaid - Medicaid # _____

Additional Information:

Referred By:

☐ Texas Department of Family & Protective Services (DFPS)

☐ Texas Department of Assistive & Rehabilitative Services (DARS)

☐ Texas Department of Aging & Disability Services (DADS)

☐ Texas Department of State Health Services (DSHS)

☐ Home & Community Care Organization

☐ Family Member ☐ Doctor

☐ Assisted Living Facility ☐ Hospital

☐ Other: _____

To be completed by AAA/provider staff:

Print name of AAA/provider staff completing Intake: _____

Nutrition Services: If participant is "other Older Americans Act(OAA) or Nutrition Service Incentive Program (NSIP) eligible participant under 60 years of age", check which of the following applies:

(1) Spouse is eligible and participates in congregate or home delivered meal program. ☐

(2) Serves as volunteer at the nutrition site in accordance with OAA standards. ☐

(3) Disabled/resides in the housing facility and wants to participate in the congregate meal program provided at the site. ☐

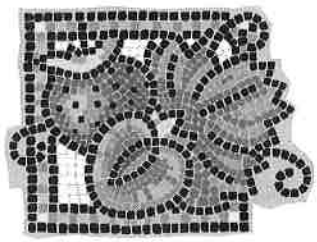
(4) Disabled and lives with a 60+ person who is eligible for congregate or home delivered meal program. ☐

Provider/Center: _____

Consumer Name: _____

Consumer ID: _____

Date: _____



The Warning Signs of poor nutritional health are often overlooked. Use this checklist to find out if you are at nutritional risk.

DETERMINE YOUR NUTRITIONAL HEALTH

Read the statements below. Circle the number in the "Yes" column for those that apply to you. Add the circled numbers to get your total nutritional risk score.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than two meals a day.	3
I eat few fruits or vegetables, or milk products.	2
I have three or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take three or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained ten pounds in the last six month.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

Nutritional Health Score

0 – 2	Good
3 – 5	Moderate Nutritional Risk
6 or More	High Nutritional Risk

Refer to the Determine Your Nutritional Health Handout to learn more about the warning signs of poor nutritional health.

The Nutrition Screening Initiative · 1010 Wisconsin Avenue, NW · Suite 800 · Washington, DC 2007
The Nutrition Screening Initiative is funded in part by a grant from Ross Products Division of Abbott Laboratories, Inc.

Form #AIAAA_NRA_ES 2.0
Edition Date: 10/1/17

DETERMINE YOUR NUTRITIONAL HEALTH HANDOUT

Date: _____
Score: _____

If your Nutritional Health Score is:

0 – 2	**Good!** Recheck your Nutritional Health Score in six months.
3 – 5	**You are at moderate nutritional risk**. See what can be done to improve your eating habits and lifestyle. Your senior nutrition program, area agency on aging, senior citizens center, county extension agent or health department may be able to help. Recheck your Nutritional Health Score in three months.
6 or more	**You are at high nutritional risk**. The next time you see your doctor, dietitian or social service professional, talk with them about any problems you may have. Ask for help to improve your nutritional health.

The Determine Your Nutritional Health Checklist is based upon the warning signs described below. Use the first letters of the word **DETERMINE** to remind you of the warning signs.

Disease
Any disease, illness or chronic condition that causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk.

Eating Poorly
Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health.

Tooth Loss/Mouth Pain
A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures that don't fit well, or cause mouth sores, make it hard to eat.

Economic Hardship
Having less, or choosing to spend less, than $25 - $30 per week for food makes it very hard to get the foods you need to stay healthy.

Reduced Social Contact
Being with people daily has a positive effect on morale, well-being and eating.

Multiple Medicines
The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and other side effects. Vitamins or minerals when taken in large doses act like drugs and can cause harm. Alert your doctor to everything you take.

Involuntary Weight Loss/Gain
Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

Needs Assistance in Self Care
Although most older adults are able to eat, one of every five has trouble walking, shopping, and buying and cooking food as they get older.

Elder Years Above Age 80
Most older adults lead full and productive lives. But as age increases, risk of frailty and health problems increase.

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Edition Date: 10/1/17

Texas Department of Aging and Disability Services
Area Agency on Aging
AAA Consumer Needs Evaluation – Page 1

Consumer Name: _____

Client ID Number: _____

Assessment Date: _____

	Texas Score	ADL/ IADL	NAPIS Count	Service Arrangement
I. Daily Living Impairment Assessment **I. ADLs, IADL & Other***	* **Impairment Scoring** **0** = None **1** = Mild **2** = Severe **3** = Total Impairment	**ADL** – Activity of Daily Living **IADL** - Instrumental Activity of Daily Living		C = Caregiver P = Service-will be purchased by AAA. A = Other agency–non AAA vendor is providing the service. N = Not applicable to this consumer. S = Self
1. Do you have any problems taking a bath or shower?		ADL		
2. Can you dress yourself?		ADL		
3. Can you feed yourself?		ADL		
4. Can you groom yourself (shave, brush your teeth, shampoo and comb your hair)?				
5. Do you have problems getting to the bathroom and using the toilet?		ADL		
6. Do you have trouble cleaning yourself after using the bathroom?				
7. Can you get in and out of your bed or chair?		ADL		
8. Are you able to walk without help?		ADL		
9. Can you clean your house (sweep, dust, wash dishes, vacuum)?		IADL		
10. Can you do heavy housework (scrub floors, yard work, shovel snow, take out garbage)?		IADL		
11. Can you do your own laundry?				
12. Can you fix your meals?		IADL		
13. Can you do your own shopping?		IADL		
14. Can you take your own medicine?		IADL		
15. Can you trim your nails?				
16. Do you have any problems keeping your balance?				
17. Can you open jars, cans, bottles?				
18. Can you use the telephone?		IADL		
19. Are you able to perform transportation on your own?		IADL		
20. Do you have any trouble managing your money?		IADL		

Texas Department of Aging and Disability Services
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AAA Consumer Needs Evaluation - Page 2

Consumer Name: _____

Client ID Number: _____

Assessment Date: _____

	Texas Score	Scoring
II. Mental Health Screening		
21. During the last month, have you been bothered by having little interest or pleasure in doing things, or have you often felt down, depressed, or hopeless?		Scoring for question 21: 0 = If the answer is "No" to question 21. 1 = If the answer is "Yes" to 21 *and* "No" to questions 22-25. 2 = If the answer is "Yes" to 21 *and* "Yes" to only one of questions 22-25.. 3 = If the answer is "Yes" to 21 *and* "Yes to two or more of questions 22-25.
III. Mental Health Assessment – If the answer is YES to Question 21, continue. Otherwise, SKIP to Section IV.		
In the last two weeks, most of the day, nearly every day:		Based on Consumer's perception of self:
22. ... have you had problems sleeping?		Answer "No" or "Yes" for this question.
23. ... have you lost the ability to enjoy things that once were fun?		Answer "No" or "Yes" for this question.
24. ... do you feel that you have little value as a person?		Answer "No" or "Yes" for this question.
25. ... have you had a significant change in your appetite?		Answer "No" or "Yes" for this question.
Mental Health Assessment Score (II & III)		
IV. Cognition		
A. Self Evaluation		
26. During the last 2 weeks, on how many days have you had trouble concentrating or making decisions? (Based on Consumer's perception of self.)		0= Not at all. 1= Occasionally, a couple of times. 2= Frequently, more than a couple of times, but not every day. 3= Every day.
B. Third Party Observation		
27. Does the consumer have the ability to make decisions independently? (Based on someone's observation of the Consumer.)		0= Makes consistent and reasonable decisions independently. 1= Makes simple decisions without assistance. 2= Makes poor decisions, needs cues/supervision for most decisions. 3= Severely impaired, rarely makes own decisions.
28. Does the consumer appear to have short-term memory impairment? (Based on someone's observation of the Consumer.)		0= No 1= Has some short-term memory problems & can perform task for self with occasional reminders. 2= Has lapses resulting in frequently not performing task even with reminders. 3= Has memory lapses resulting in an inability to perform routine tasks on a daily basis.

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AAA Consumer Needs Evaluation - Page 3

Consumer Name: _____

Client ID Number: _____

Assessment Date: _____

	Texas Score	NAPIS Count
V. Assessment Scores		
A. Total CNE Impairment Score (out of 60) ☐ **Low (Score 0-19)** ☐ **Moderate (Score 20-39)*** ☐ **Severe (Score 40 and above)**		
B. NAPIS ADL COUNT (Score 0-6)		
C. NAPIS IADL COUNT (Score 0-8)		

*A score of 20 (moderate impairment) or greater is required for home-delivered meals.

_____ _____
Signature of AAA/Provider Staff Assessor Date

SCORING THE CNE TEXAS SCORE Rate the Consumer according to the following scale:

0	No Impairment	Able to conduct activities without difficulty and has no need for assistance.
1	Minimal/Mild Impairment	Able to conduct activities with minimal difficulty and needs minimal assistance.
2	Extensive/Severe Impairment	Has extreme difficulty carrying out activities of daily living and needs extensive assistance.
3	Total Impairment	Completely unable to carry out any part of the activity.

The AAA Consumer Needs Evaluation must be completed for the following services: Adult Day Care; Care Coordination (Care Management); Chore Maintenance; Home Delivered Meals; Homemaker; Personal Assistance; and Respite Care. Residential Repair requires service appropriate assessment, which may include the AAA Consumer Needs Evaluation.

Area Agency on Aging of Deep East Texas

Client Rights & Responsibilities for Older Americans Act Programs

The Area Agency on Aging of Deep East Texas welcomes you as a participant in programs for older individuals and family caregivers in our region. This program is mandated by the Older Americans Act of 1965, as amended, and provides access and assistance and other supportive services. The programs and services are administered by the Area Agency on Aging with funding provided through the Texas Department of Aging and Disability Services, client contributions and local funding.

Programs and services are designed for individuals age 60 or older and/or their family members and other caregivers. Our goal is to assist older individuals in leading independent, meaningful and dignified lives in their own homes and communities as long as possible through the provision of limited support services. Information will not be released to anyone, or any agency without your informed consent, with the exception of records subpoenaed by a court of law.

Client rights and responsibilities:

1. You have the right to be treated with respect and consideration. You have the right to have your property treated with respect.
2. You may not be denied services on the basis of race, religion, color, national origin, sex, disability, marital status, or inability and/or unwillingness to contribute.
3. You have the right to make a complaint/grievance or recommend changes to policy or service, without restraint, interference, coercion, discrimination or reprisal. To make a complaint or grievance contact the Area Agency on Aging. Contact information is identified below:

Service Provider Information	Area Agency on Aging Information
	Holly Anderson
Nacogdoches County Aging Committee	Director – Area Agency on Aging on Deep East Texas
621 Harris St.	210 Premier Drive
Nacogdoches, Texas 75964	Jasper, Texas 75951
936-569-6350	409-381-5258 – phone 409-384-6177 - fax
	handerson@detcog.org

4. You have the right to participate in the development of a care plan to address unmet needs. ☐ N/A
5. You have the right to be informed in writing of available services and the applicable charges if the services are not covered or are unavailable by Medicare, Medicaid, health insurance, or Older Americans Act funding. ☐ N/A

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Funded by the Texas Department of Aging and Disability Services

6. You have the right to make an independent choice of service providers from the list furnished by the Area Agency on Aging where multiple service providers are available and change service providers when desired. ☐ N/A
7. You have the right to be informed of any change in service(s). ☐ N/A
8. You have the right to make a voluntary, confidential, contribution for services received through the Area Agency on Aging. Services will not be denied if an eligible participant is unable or chooses not to make a contribution. All contributions will be kept confidential and will be utilized to expand or enhance the service(s) for which they were provided.
9. You have the responsibility to inform the Area Agency on Aging or its service provider(s) of your intent to withdraw from the program or any known periods of absenteeism when services will not be utilized. ☐ N/A
10. You have the responsibility to provide the Area Agency on Aging or its services provider(s) with complete and accurate information.

I hold harmless this Area Agency on Aging program, its parent organization, funders, and the sponsoring state agencies for any liability arising out of the services provided in accordance with program guidelines.

_____ _____

Client Signature Date

By signing above, you not agree that you understand the compliant and abuse/neglect/exploitation procedures, but that you or your provider verify that sanitary and safety conditions exist and that you or another individual have the ability to prepare frozen meals for you.

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Area Agency on Aging of Deep East Texas

Client Information Release

Client Name:	Client ID:
By signing this authorization, you are giving the Area Agency on Aging (AAA) _____ permission to release all or part of your information provided, which includes health information. Failure to provide this authorization will result in limited service by the AAA. This release includes access to a continuum of service(s) available through the AAA or its providers.	

PARTS A, B & C TO BE COMPLETED BY CLIENT OR PERSONAL REPRESENTATIVE

I authorize the Area Agency on Aging to release my information to the following person or agency for the purpose(s) stated in Part A. My information will remain available to the person or agency indicated in accordance with the expiration event or date in Part B.

PART A – Release of Information

I understand that my information may contain protected health information. Release my information to the following person or agency: ☐ Any person or agency necessary to meet my service needs.

☐ Only the persons or entities identified:

Check one of the following: ☐ Release all of my information. ☐ Release only the following information:

PART B – Purpose of Release

☐ General: To assist in assessing, arranging, and meeting individual service needs.

☐ Specific:

☐ Expiration: This authorization expires at point of reassessment, where applicable, or within three years of effective date.

PART C – Signature

(Client or Personal Representative)	(Date)

☐ Check if you are signing for the client and please describe your authority to act for the client on the following line:

Note: If the person requesting the release of information cannot sign his/her name, two witnesses to his/her mark (X) must sign below. Accept one witness signature in circumstances where it is not possible to obtain two witness signatures. Document the reason in the client file.

Witness:	Date:
Witness:	Date:

Notice to Client:

- ✓ Once the authorization to release your information is granted, the AAA is not responsible for any redisclosure of the information by the recipient.
- ✓ You can withdraw permission you have given the AAA to use or disclose health information that identifies you, unless the AAA has already taken action based on your permission. You must withdraw your permission in writing.