



CLIENT INTAKE & SERVICE REQUEST FORM
(TO BE COMPLETED BY PROVIDER STAFF)

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

Date _____ Birth Date _____ ID# _____

First Name _____ MI _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

Check if Mailing Address is Home Address

Mailing Address _____ City _____ State _____ Zip _____

County _____ Ph# _____ Home Cell Other Gender: Male Female

Are you enrolled in? Medicare Yes No (#: _____) Medicaid Yes No (#: _____)

Emergency Contact Information:

Contact Name: _____ Phone #: _____ Relationship: _____

Primary Language: _____

Marital Status (Check One):	Ethnicity (Check One):	Race (Check all that apply):
<input type="checkbox"/> Married	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White - Non Hispanic
<input type="checkbox"/> Widowed	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White - Hispanic
<input type="checkbox"/> Divorced	<input type="checkbox"/> Ethnicity Not Reported	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Separated		<input type="checkbox"/> Asian
<input type="checkbox"/> Never Married	Does Client Live Alone?	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Reported	<input type="checkbox"/> Yes	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> No, # of Family Members	<input type="checkbox"/> Persons Reporting Some Other Race
	In Household Including Client _____	<input type="checkbox"/> Race Not Reported

(Use Current Year Federal Poverty Guideline Levels for Low Income/Poverty)

Monthly Income:	Individual	Spouse	Monthly Household Income: \$ _____
Job	\$ _____	\$ _____	<input type="checkbox"/> Low Income
Social Security	\$ _____	\$ _____	<input type="checkbox"/> Moderate Income
SSI	\$ _____	\$ _____	<input type="checkbox"/> High Income
VA	\$ _____	\$ _____	
Other Sources	\$ _____	\$ _____	Client Living In Poverty (Low Income)?
Other Benefits	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e.g., Food Stamps)			

Service(s) Requested _____

Referred By:

<input type="checkbox"/> Texas Department of Family & Protective Services (DFPS)	<input type="checkbox"/> Home & Community Care Organization
<input type="checkbox"/> Texas Department of Assistive & Rehabilitative Services (DARS)	<input type="checkbox"/> Family Member
<input type="checkbox"/> Texas Department of Aging & Disability Services (DADS)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Texas Department of State Health Services (DSHS)	
<input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Assisted Living Facility	

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

- Spouse is eligible and participates in congregate or home delivered meal program.
- Serves as volunteer at the nutrition site in accordance with OAA standards.
- Disabled/resides in the housing facility and wants to participate in the congregate meal program provided at the site.
- Disabled and lives with a 60+ person who is eligible for congregate or home delivered meal program.

Print Name of Provider Staff Completing Intake: _____



Client Rights & Responsibilities and Release of Information for Older Americans Act Programs

The Area Agency on Aging of MRGDC welcomes you to our programs, made available to you through the Older Americans Act of 1965. These programs and a variety of services are administered by the Area Agency on Aging with funding provided through the Texas Health and Human Services Commission (HHSC), client contributions and local funding.

Programs and services are designed for people who age 60 or older, their family members, and other caregivers. Our goal is to help older people lead independent, meaningful and dignified lives in their own homes and communities as long as possible. Our program supports that goal by providing limited support services and by assisting you in finding answers when you want help. Your 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.

Release of Information:

Information we gather through an intake or through an assessment may be shared to plan, arrange and deliver services to meet your individual client needs. The information collected is required by your local service provider, the Area Agency on Aging (AAA), and the Texas Health and Human Services Commission (HHSC). All of your information will be kept confidential and guarded against unofficial use.

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
	Middle Rio Grande Development Area Agency Aging
	307 W. Nopal
	Carrizo Springs, Texas 78834
	1-800-224-4262
	(830) 876-3533

4. You have the right to participate in the development of a care plan to address unmet needs (If Applicable).
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 (If Applicable).
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 (If Applicable).
7. You have the right to be informed of any change in service(s).
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 you are unable or choose not to make a contribution. All contributions are confidential and are used only to expand or enhance the service(s) for which a contribution was 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 you will not be using services.
10. You have the responsibility to provide the Area Agency on Aging or its service provider(s) with complete and accurate information.

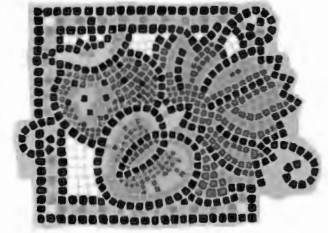
I hold harmless this Area Agency on Aging program, its parent organization, funders, and the sponsoring state agencies for any liability arising out of the services provided in accordance with program guidelines.

Print Client Name

Date

Client Signature

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.

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.

**Texas Health and Human 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 Health and Human Services
Area Agency on Aging
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.

**Texas Health and Human Services
Area Agency on Aging
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) <input type="checkbox"/> Low (Score 0-19) <input type="checkbox"/> Moderate (Score 20-39)* <input type="checkbox"/> 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.