//Area Agency
on Aging
of the Capital Area

AAACAP 2014 Client Intake Form

All information except SSN is required. Please print. In boxed areas, leave blank box between words.					☐ American Indian / Alaskan Native ☐ Hispanic or La					
PERSONAL □ New Intake □ Information Update □ Reinstate Prefix: □ Mr. □ Mrs. □ Ms.						ican America	☐ Not Hispanic or Latino☐ Unknown			
First Name:	M.I.:	Last	Name:				waiian/Other Pa n-Hispanic (no apanic			
AKA Name:						☐ Other	punic			
Suffix:	Other:	Marital Stat	us (check o	ne):		Annual Incon	ne			
Date Registered (Intal	ke Date):	☐ Married		□Wide	owed	Persons in	Poverty	Low	Moderate	High
		□ Separate	d	□Divo	orced	Family Unit	(2014)	Income	Income	Income
	<i>I</i>	☐ Single		□Dom	nestic Partner					
	emale	Social Secur	ity Numbe	er (last 4 if	possible)	1	\$11,670 or below	\$23,340	\$35,010	\$46,680 or above
Birth Date: (numeri	ical mm/dd/yyyy)	☐ Decline	- d SSN			2	\$15,730 or below	\$31,460	\$47,190	\$62,920 or above
Home Phone:	No Phone	Alternate Pho				Each additional	\$4,060	\$8,120	\$12,180	\$16,240
						person, add:	·	·	·	
about our programs and se	dresses with any other organ prices. The analysis and all address or I do not we		ddress will b	pe used to sha	are information	the next incor an income of	ne interval. Fo \$23,341, they v	or example, if would be cons	wn, moves the o a person who li idered Moderat nsidered Low Ir	ves alone has e Income. If
Residential Address:						Do vou livo	alana?ı	□ Vos	□ No	
						Do you live Eligibility Ty ☐ Age 60 or	pe:	☐ Yes	□ No	
County:						☐ Spouse of	(eligible person's	name)		
Town/City:						☐ Person Ui			Living in Elde	rlv Housing
							_	•	Living with Pe	
State:		ZIP Code:		<u> </u>		☐ Volunteer				
Mailing Address:	(Same as Residentia	al□)	Direct		ne (if needed for s	ervice delivery)	:			
				Yes	No					
County:										Rev 2/6/2014

Ethnic Race:

Ethnicity:

Consumer							
First Name: M.I.:	Last Name:		The information on this form is required by your local service provider, the Area Agency on Aging				
CHARACTERISTICS			of the Capital Area (AAACAP), and the Texas				
Disabled: Yes No			Department of Aging and Disability Services. All				
Understands English: ☐ Yes ☐ No			information provided will be kept confidential and				
If No, primary language			guarded against unofficial use. Information gathered through an intake or through an assessment may				
Targeting Criteria for Those Age 60 and Over (mark ☐ At risk for institutional placement ☐ Residing in a rural area ☐ Has a severe disability	all that apply):		be shared to effectively plan, arrange and deliver services to meet your needs.				
 ☐ Has Alzheimer's disease and related disorders/dysf ☐ Has greatest economic need ☐ Has greatest social need ☐ Has limited English proficiency 	unctions		□ Release of information has been clearly explained to the consumer.				
Emergency Contacts			Signature of Individual Completing Form Date				
Family/Friend/Relative: First Name: M.I.: Relationship:	Last Name:		Home Phone: Alternate Phone:				
Primary Physician: First Name: M.I.:	Last Name:		Office Phone:				
FOR OFFICE USE ONLY		Comments:					
Form completed, reviewed or accepted by:	Service:						
Staff/Volunteer Name:	☐ Congregate Meals						
Telephone Number:	☐ Home Delivered Meals						
Provider:	☐ Transportation						
Site:	☐ Falls Prevention						
	ı J						



Title III Clients Termination Notice

/// Iermina														
AAACAP Notic	ee Add	lress:												
Attach supporting documentation as	applicable applicable													
rovider:	City	L										L		
□ Bastrop Emergency Food Pantry & Support Center □ City of Austin □ City of Round Rock □ Combined Community Action □ Hill Country Community Action Assoc □ Meals on Wheels and More □ Williamson-Burnet County Opportunities	Stat		ZIP Code:] - [Birth	Date:	(nun	nerical n	mm/dd/yy	yyy)
Service:]) [- 🔲					_ /] / [
Congregate Meals (C1)														
Home Delivered Meals (C2)														
Transportation														
ite:														
Termination of Service	Effective date													
] Deceased														
] Moved														
Entered Nursing Home/Assisted Living														
No longer needs service/Inactive														
Unable to Contact			For	r AAA	CAP U	J se								
]Other									End	Date				
Brief explanation:				□ Cor	ngregate	e Meals	(C1)					_		
				☐ Hor	me Deli	vered N	1eals (C	(2)						
			<u> </u>	□ Tra	nsporta	tion		_				_		
rovider Staff Signature Date			\overline{AA}	ACAP S	Staff Sig	nature			_	Date				

First Name, Middle Initial, Last Name:



Area Agency on Aging of the Capital Area

Client Rights & Responsibilities for Older Americans Act Programs

The Area Agency on Aging of the Capital Area 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
City of Austin Parks & Recreation Department	Area Agency on Aging of the Capital Area
Transportation	6800 Burleson Rd. Bldg. 310, Ste. 165
200 South Lamar	Austin, TX 78744
Austin, TX 78704	Toll Free 888 622 9111
Phone 512-974-1461; 512-477-5961	Phone 512 916 6062
Fax	Fax 512 916 6042

ŀ.	You have the right to participate in the development of a care plan to address unmet needs. N/A	1
5.	You have the right to be informed in writing of available services and the applicable charge the services are not covered or are unavailable by Medicare, Medicaid, health insurance, or O Americans Act funding.	lder

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