

603 E. MURRAY, VICTORIA, TEXAS 77901
361-576-2189
FAX 361-578-8111



Funding provided by the Texas Health & Human Services



TEXAS
Health and Human Services

CLIENT INTAKE AND SERVICE REQUEST FORM
FORMA DE ADMISIÓN Y SOLICITUD DE SERVICIOS PARA CLIENTES

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

Esta solicitud contiene información que exigen el proveedor de servicios locales, la Agencia del Área para Adultos Mayores (AAA) y el Departamento de Servicios para Adultos Mayores y Personas Discapacitadas de Texas. Toda la información se mantendrá confidencial y protegida contra el uso no oficial. La información obtenida mediante el proceso de admisión o una valoración se puede divulgar para planear, organizar y prestar los servicios eficazmente para satisfacer las necesidades individuales del cliente.

CLIENT INTAKE AND SERVICE REQUEST FORM
(Items in **BOLD>** must be completed)

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

Date: _____ Client ID Number (office use only) _____

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):

Race (Check all that apply):

- (1) Hispanic or Latino
- (2) Not Hispanic or Latino
- (3) Ethnicity Not Reported

- (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

CLIENT INTAKE AND SERVICE REQUEST FORM, PAGE 2

Does client live alone? Yes No

Client living in poverty (Low Income)? Yes No

Service(s) Requested: Congregate, Meals, Transportation

Are you enrolled in? Medicare Medicaid Extra Help for Medicare Prescription Drug Plan

QMB & SLMB Would You Like More Information About these Programs? _____

To be completed by AAA/provider staff:

Print name of AAA/provider staff completing Intake: _____

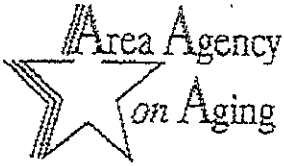
Nutrition Services: If participant is "other Older Americans Act(OAA) or Nutrition Service Incentive Program (NSIP) eligible participant under 60 years of age", check which of the following applies:

- (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.

Optional-Referred By _____

Referral Contact Information: _____ Phone _____ email _____

Additional Notes Regarding Referral:



Area Agency on Aging of Golden Crescent

Client Rights & Responsibilities for Older Americans Act Programs

The Area Agency on Aging of Golden Crescent 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
Meals on Wheels Victoria 603 E. Murray P.O. Box 1433 Victoria, Texas 77902 Phone (361) 576-2189 Fax (361) 578-8111	Cindy Cornish, AAA Director Golden Crescent AAA 1908 N. Laurent, Suite 600 Victoria, TX 77901 361-578-1587, ex 223 1-800-252-9240 cindyco@gcrpc.org Michael Ada, GCRPC Executive Director Golden Crescent Regional Planning Commission 1908 N. Laurent, Suite 600 Victoria, TX 77901 361-578-1587, ex 204 michaela@gcrpc.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
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. N/A
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 _____



Agencia del Área para Adultos Mayores de Golden Crescent
 Derechos y responsabilidades del cliente de programas bajo
 la Ley para Americanos de Edad Avanzada

La Agencia del Área para Adultos Mayores (AAA) de Golden Crescent le da la bienvenida a usted como participante de los programas para personas mayores y cuidadores de la familia de nuestra región. Este programa se hace por mandato de la Ley para Americanos de Edad Avanzada de 1965, con sus enmiendas, y ofrece acceso, asistencia y otros servicios de apoyo. La Agencia del Área para Adultos Mayores administra estos programas y servicios con fondos del Departamento de Servicios para Adultos Mayores y Personas Discapacitadas de Texas, de contribuciones de clientes y fondos locales.

Los programas y los servicios se han diseñado para las personas de 60 años en adelante, para los miembros de sus familias y otros cuidadores. Nuestra meta es ayudar a los adultos mayores a llevar vidas independientes, con significado y con dignidad en sus propias casas y comunidades por cuanto tiempo sea posible, por medio de la prestación de servicios de apoyo limitados. Su información no se divulgará a nadie ni a ningún departamento sin su consentimiento informado, con la excepción de los expedientes que la corte ordene.

Derechos y responsabilidades del cliente:

1. Tiene el derecho de ser tratado con respeto y consideración. Tiene el derecho de que se trate su propiedad con respecto.
2. Tiene el derecho de que no le nieguen los servicios debido a su raza, religión, color, origen nacional, sexo, discapacidad, estado civil o debido a que no puede o no está dispuesto a contribuir.
3. Tiene el derecho de presentar una queja o agravio o recomendar cambios a las normas o servicios, sin sufrir restricciones, interferencias, coacción, discriminación o represalias. Para presentar una queja o un agravio, comuníquese con la Agencia del Área para Adultos Mayores. La información de contacto se da a continuación:

Información del Proveedor de Servicios:	Información de la Agencia del Área para Adultos Mayores
Meals on Wheels Victoria 603 E. Murray St P.O. Box 1433 Victoria, Texas 77902 Phone (361) 576-2189 Fax (361) 578-8111	Cindy Cornish, AAA Director Golden Crescent AAA 1908 N. Laurent, Suite 600 Victoria, TX 77901 361-578-1587, ex 223 1-800-252-9240 cindyco@gcrpc.org Michael Ada, GCRPC Executive Director Golden Crescent Regional Planning Commission 1908 N. Laurent, Suite 600 Victoria, TX 77901 361-578-1587, ex 204 michaela@gcrpc.org

4. Tiene el derecho de participar en la formulación de un plan de atención para atender las necesidades que no han sido satisfechas. No aplica
5. Tiene el derecho de que le informen por escrito sobre los servicios disponibles y los cargos pertinentes si los servicios no están cubiertos o no están disponibles por medio de Medicare, Medicaid, seguro médico o fondos de la Ley para Americanos de Edad Avanzada. No aplica
6. Tiene derecho a escoger independientemente al proveedor de servicios de la lista provista por la Agencia del Área para Adultos Mayores donde hay disponibles varios proveedores de servicios, y a cambiar de proveedor de servicios cuando lo desee. No aplica
7. Tiene el derecho de que le informen de cualquier cambio en los servicios. No aplica
8. Tiene el derecho de hacer una contribución voluntaria y confidencial por los servicios que haya recibido por medio de la Agencia del Área para Adultos Mayores. Los servicios no se negarán si un participante que llena los requisitos no puede o no quiere hacer una contribución. Todas las contribuciones se mantendrán de manera confidencial y se usarán para extender o mejorar los servicios para los cuales se donaron.
9. Tiene la responsabilidad de informar a la Agencia del Área para Adultos Mayores o a su proveedor de servicios de su intención de retirarse del programa o de cualquier periodo de ausencia durante el cual no se utilizarán los servicios. No aplica
10. Tiene la responsabilidad de proporcionar a la Agencia del Área para Adultos Mayores o a sus proveedores de servicios información completa y exacta.

Líbete de toda responsabilidad a este programa de la Agencia del Área para Adultos Mayores, su organización matriz, los donadores, y a los departamentos estatales patrocinadores de cualquier responsabilidad que surja de los servicios proporcionados de acuerdo con las pautas del programa.

Firma del cliente

Fecha



MEALS on WHEELS SOUTH TEXAS

Additional Information:

Last Name: _____ First Name: _____ MI: _____

Email: _____

Marital Status: Single Married Partner Separated Divorced Widowed

Are you a Veteran? Yes No Spouse of a Veteran? Yes No

Church Preference: _____ Religion: _____

Emergency Contacts:

Last Name: _____ First Name: _____ MI: _____

Phone Number: _____ Cell Home Work

Address: _____

Email Address: _____ Lives with Client? Yes No

Relationship to Client? Spouse Child Sibling Friend Other: _____

Last Name: _____ First Name: _____ MI: _____

Phone Number: _____ Cell Home Work

Address: _____

Email Address: _____ Lives with Client? Yes No

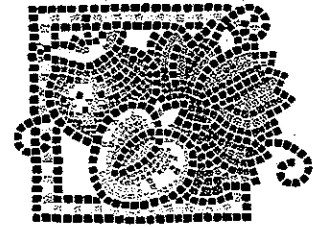
Relationship to Client? Spouse Child Sibling Friend Other: _____

Additional Services:

Would you be interested in additional information or participating in any of these additional services provided by Meals on Wheels Victoria? (Check all that apply).

- Craft Program Not Interested
- Library Delivery Not Interested
- Pet Assistance Program Not Interested
- Social Reassurance Program Not Interested

Provider/Center: Meals on Wheels South Texas
 Client Name: _____
 Client 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. Reassessment Required Annually.

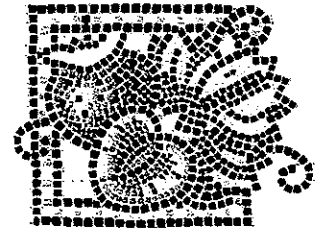
<ul style="list-style-type: none"> Consumer signature means they received Nutrition Education, developed & approved by the AAA Registered dietitian, in accordance with DADS P/I # 313 	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than two meals 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
CLIENT SIGNATURE:	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.

Proveedor o centro: Meals on Wheels South Texas
 Nombre del cliente: _____
 Identificación del cliente: _____
 Fecha: _____



Las señales de advertencia de la mala salud nutricional muchas veces se pasan por alto. Use esta lista para enterarse si corre riesgo de tener mala nutrición.

DETERMINACIÓN DE SU SALUD NUTRICIONAL

Lea las frases a continuación. Si la frase es pertinente a su situación, encierre en un círculo el número en la columna "Sí". Sume los números marcados para obtener su puntaje total de riesgo nutricional.

	Sí
Tengo una enfermedad o un padecimiento que me hizo cambiar el tipo o la cantidad de comida que como.	2
Como menos de dos comidas al día.	3
Como pocas frutas o verduras, o pocos productos lácteos.	2
Tomo tres o más cervezas, cocteles o vinos casi todos los días.	2
Tengo problemas de los dientes o de la boca que me dificultan poder comer.	2
No siempre tengo suficiente dinero para comprar los alimentos que necesito.	4
Como solo la mayor parte del tiempo.	1
Tomo tres o más distintos medicamentos recetados o sin receta al día.	1
Sin querer hacerlo, he bajado o aumentado diez libras en los últimos seis meses.	2
No siempre me encuentro en condiciones físicas para ir de compras, cocinar o alimentarme.	2
FIRMA:	TOTAL

Puntaje de salud nutricional

0 - 2	Buena
3 - 5	Riesgo nutricional moderado
6 ó más	Alto riesgo nutricional

Consulte la hoja informativa de Determinación de su salud nutricional para aprender sobre las señales de advertencia de la mala salud nutricional.

The Nutrition Screening Initiative • 1010 Wisconsin Avenue, NW • Suite 800 • Washington, DC 20007
 The Nutrition Screening Initiative is funded in part by a grant from Ross Products Division of Abbott Laboratories, Inc.

Texas Department of Aging and Disability Services

Area Agency on Aging

AAA Consumer Needs Evaluation

120 S. main, Suite 210 Victoria, Texas 77901 361-578-1587, 1-361-578-8865 (fax) 1-800-252-9240 or dial 211



Consumer Name: _____

Consumer Number: _____

Assessment Date: _____

Service Arrangement
 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

	Texas Score	NAPIS ADL/IADL	NAPIS Count	Scoring/Service Arrangement
I. Daily Living Impairment Assessment	ADL - Activity of Daily Living IADL - Independent Activity of Daily Living			* Impairment Scoring 0 = None 1 = Mild 2 = Severe 3 = Total Impairment
I. ADLs, IADL & Other*				
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

Area Agency on Aging

AAA Consumer Needs Evaluation - Page 2

120 S. main, Suite 210 Victoria, Texas 77901 361-578-1587, 1-361-578-8865 (fax) 1-800-252-9240 or dial 211



Consumer Name: _____

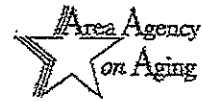
Consumer Number: _____

Assessment Date: _____

Service Arrangement
 C = Caregiver
 P = Service will be purchased by AAA.
 A = Other agency-non AA vendor is providing the service.
 N = Not applicable to this consumer.
 S = Self ↓

	Texas Score	NAPIS ADL/IADL	NAPIS Count	Scoring/Service Arrangement
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 at least 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 inability to perform routine tasks on a daily basis.

Texas Department of Aging and Disability Services
 Area Agency on Aging



AAA Consumer Needs Evaluation - Page 3

120 S. main, Suite 210 Victoria, Texas 77901 361-578-1587, 1-361-578-8865 (fax) 1-800-252-9240 or dial 211

Consumer Name: _____

Consumer Number: _____

Assessment Date: _____

Service Arrangement
 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

	Texas Score	NAPIS ADL / IADL	NAPIS Count	Scoring / Service Arrangement
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 & NAPIS – ADL'S & IADL'S Rate the Consumer according to the following scale:

0	None	Able to conduct activities without difficulty and has no need for assistance.
1	Minimal/Mild	Able to conduct activities with minimal difficulty and needs minimal assistance.
2	Extensive/Severe	Has extreme difficulty carrying out activities of daily living and needs extensive assistance.
3	Total	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.



Meals on Wheels South Texas Dog Policy

Meals on Wheels South Texas is concerned for the safety of our staff and volunteer drivers. Delivery drivers make it possible for Meals on Wheels South Texas to deliver meals to you.

If your dog is unrestrained and approaches our delivery drivers in a threatening way or if our delivery drivers feel threatened in any way, Meals on Wheels South Texas office staff will contact you to remind you to keep your dog restrained. This incident will be documented. If a second incident occurs, Meals on Wheels South Texas will suspend your meal service until the situation is resolved. If there is not a consistent way to protect our delivery drivers, then Meals on Wheels South Texas will stop delivering your meals.

Meals on Wheels South Texas is obligated to report any animal bites that break the skin. If, your animal bites a delivery driver we must call animal control. Animal control will notify you and hold your dog in quarantine for 10 days, After the quarantine time your animal will be released to you after you have paid the appropriate fines.

Please help us create a safe environment for our delivery drivers by keeping your dogs restrained.

I acknowledge receipt of Meals on Wheels South Texas Dog Policy.

_____ I do not have a dog on my property.

Client signature: _____ Date: _____

Revised 6/2024



Meals on Wheels South Texas Política de Perros

Meals on Wheels South Texas se preocupa por la seguridad de nuestro personal y conductores voluntarios. Los conductores de entrega hacen posible que Meals on Wheels South Texas le entregue comidas.

Si su perro no está sujeto y se acerca a nuestros conductores de entrega de una manera amenazante o si nuestros conductores de entrega se sienten amenazados de alguna manera, el personal de la oficina de Meals on Wheels South Texas se comunicará con usted para recordarle que mantenga a su perro sujeto. Este incidente será documentado. Si ocurre un segundo incidente, Meals on Wheels South Texas suspenderá su servicio de comidas hasta que se resuelva la situación. Este incidente será documentado. Si no hay una manera consistente de proteger a nuestros conductores de entrega, entonces Meals on Wheels South Texas dejará de entregar sus comidas.

Meals on Wheels South Texas está obligado a reportar cualquier mordedura de animal que rompa la piel. Si, su animal muerde a un conductor de entrega, debemos llamar al control de animales. El control de animales le notificará y mantendrá a su perro en cuarentena durante 10 días, después del tiempo de cuarentena, su animal le será entregado después de que haya pagado las multas correspondientes.

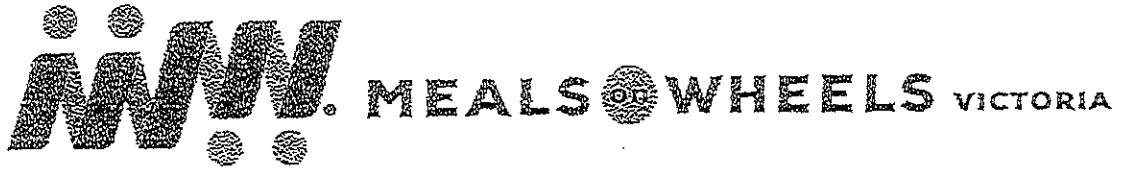
Ayúdenos a crear un entorno seguro para los conductores de entrega manteniendo a sus perros sujetos.

Acuso recibo de la Política de perros de Meals on Wheels South Texas.

_____ No tengo un perro en mi propiedad.

Firma del cliente: _____ Fecha: _____

Revisado 6/2024



Name: _____ Date: _____

Technology Survey

- Do you have a smartphone? Yes No
- Are you able to receive and reply to text messages? Yes No
- Do you have a computer or tablet? Yes No
- Do you know how to use apps such as FaceTime, Zoom or Skype? Yes No

If so, which ones? _____

- Would you be interested in participating in virtual programs? Yes No
- Do you use Facebook? Yes No
- Do you have internet access/Wi-Fi at home? Yes No
- Do you use the internet at the public library, college library, or other public computer lab? Yes No
- Do you have anyone to help you with technology questions? Yes No
- Would you like to expand your knowledge with technology? Yes No

COMMENTS: _____

