



AREA AGENCY ON AGING OF DEEP EAST TEXAS
CAREGIVER INTAKE

The information on this form is required by your local service provider, the Area Agency on Aging (AAA), and the Texas Department of Aging and Disability Services. All information provided will be kept confidential and guarded against unofficial use.

Release of information has been clearly explained to the client. []

Client's Primary Language: []

Date: [] Client ID Number: []

Last Name: [] MI: [] First Name: []

Street Address/Apt. #: []

City: [] State: [] Zip Code: [] County: []

Phone: () [] Gender: Male [] Female [] Birth Date: []

Ethnicity (Check One): Race (Check all that apply): Marital Status (Check One):

- (1) Hispanic or Latino [] (1) White - Non Hispanic [] (1) Married []
(2) Not Hispanic or Latino [] (2) White - Hispanic [] (2) Widowed []
(3) Ethnicity Not Reported [] (3) American Indian/Alaska Native [] (3) Divorced []
(4) Asian [] (4) Separated []
(5) Black or African American [] (5) Never Married []
(6) Native Hawaiian or Pacific Islander [] (6) Not Reported []
(7) Persons Reporting Some Other Race []
(8) Race Not Reported []

Relationship to Care Recipient(s) (Care Recipient must be 60 years of age or older):

- [] Husband [] Wife [] Son/Son-in-Law [] Daughter/Daughter-in-Law
[] Other Relative [] Non-Relative [] Relationship Missing

Relationship to Care Recipient(s) if 18 Years of Age or Less (Caregiver must be 55+ years of age and fall under OAA, Section 372 as defined):

Grandparents Other Elderly Relative Other Elderly Non-Relative

▪ Does the Caregiver live with the Care recipient? Yes No

▪ If no, how often does the Caregiver have contact with the Care Recipient? _____

CARE RECIPIENT PROFILE

Language spoken at home: _____ Does the Care Recipient require an interpreter? Yes No

If yes, who helps in the interpretation? _____

▪ If care recipient is 60 years of age or older complete the following:

Date: _____ Client ID Number: _____

Last Name: _____ MI: _____ First Name: _____

Street Address/Apt. #: _____

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

Phone: (____) _____ Gender: Male Female Birth Date: _____

Ethnicity (Check One):

Race (Check all that apply):

Marital Status (Check One):

(1) Hispanic or Latino

(1) White Non Hispanic,

(1) Married

(2) Not Hispanic or Latino

(2) White -- Hispanic

(2) Widowed

(3) Ethnicity Not Reported

(3) American Indian/Alaska Native

(3) Divorced

(4) Asian

(4) Separated

(5) Black or African American

(5) Never Married

(6) Native Hawaiian/Other Pacific Islander

(6) Not Reported

(7) Persons Reporting Some Other Race

(8) Race Not Reported

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

{Low Income Levels for: Single person family unit – \$ 11,490; Two person family unit – \$15,510; Add \$4,020 for each additional person}