

Intake

Area Agency on Aging of The Golden Crescent

The information on this form is needed to provide services. All information is confidential. It will be guarded against unofficial use and shared only to get services started or changed.

*Release of Information and Client Rights and Responsibilities explained.

Section 1 – Recipient Identification

Note: All items marked with an asterisk (*) are required.

*Date	SPURS ID No.	Primary Language		
*Last Name	*First Name	*MI:	*Date of Birth	Sex <input type="radio"/> Male <input type="radio"/> Female
*Street Address and Apt. No.	*City	*State	*ZIP Code	*County
*Area Code and Phone No.	Email Address			

Check if Mailing Address is different from Home Address and enter Mailing Address below:

*Street Address and Apt. No. or P.O. Box	*City	*State	*ZIP Code	*County
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*Ethnicity (Check One): <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Unknown	*Race (Check all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White – Non-Hispanic <input type="checkbox"/> White – Hispanic	Marital Status (Check One): <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Never Married <input type="radio"/> Not Reported
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*Person lives alone? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	Total No. of People in Household	Monthly Household Income
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Use current Department of Health and Human Services Federal Poverty Guidelines for size of household to decide if person is at or below poverty.

*At or below poverty?
 Yes No Don't Know

Have you ever served in the United States Armed Forces or Texas Military Forces, regardless of length of service or type of discharge?

Yes No Chooses not to answer

Important Information for former female military service members: If you are an adult woman who served in the military, you may be entitled to more services. Visit [the Texas Veterans Portal](#) and [TVC's Women Veterans Program](#).

Monthly Income From	Participant	Spouse
Job:		
Social Security:		
Supplemental Security Income:		
Veterans Affairs:		
Other Sources:		
Other Benefits such as Supplemental Nutritional Assistance Program (SNAP):		

Section 2 – Service(s) Requested - AAA or Provider Staff Completes

List of Requested Services

Are you enrolled in? Medicaid Medicare

Section 3 – Emergency Contact Information - AAA or Provider Staff Completes

Contact Name	Relationship	Area Code and Phone No.
Primary Care Physician		Area Code and Phone No.

Section 4 – Referral - AAA or Provider Staff Completes

Referred by:

*Name of AAA or Provider Staff Completing Intake

*Date

Section 5 – Nutrition Services AAA - or Provider Staff Completes

Additional Eligibility Requirements if eligible person is under 60. Check all the following that apply.

- AAA procedures and their spouse is 60 or older and they take part in the nutrition program.
- The eligible person is under 60, serves as volunteer at the nutrition site and the provider offers a meal per AAA procedures.
- The eligible person is under 60, has a disability and lives in a housing facility occupied primarily by people 60 and over where congregate meals are served.
- The eligible person is under 60, has a disability, lives with a person eligible for a meal and the provider offers a meal per AAA procedures.