



AREA AGENCY ON AGING OF _____

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: _____

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 Email Address: _____

Mailing Address: Street/Apt. #: _____

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

Phone: (_____) _____ Home [] Cell [] Other [] (Check One)

Ethnicity (Check One): (1) Hispanic or Latino [] (2) Not Hispanic or Latino [] (3) Ethnicity Not Reported []
Race (Check all that apply): (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 []
Marital Status (Check One): (1) Married [] (2) Widowed [] (3) Divorced [] (4) Separated [] (5) Never Married [] (6) Not Reported []

Does client live alone? Yes [] No []

Total Number of Family Members in Household Including Client: _____

Client living in poverty (Low Income)? Yes [] No []

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

{Use Current Year Federal Poverty Guideline Levels for Low Income/Poverty}

Monthly Income from:	Individual	Spouse
Job	_____	_____
Social Security	_____	_____
SSI	_____	_____
VA	_____	_____
Other Sources	_____	_____
Other Benefits (e.g., Food Stamps)	_____	_____

Emergency Contact Information:

Contact Name: _____ Phone: (_____) _____

Relationship: _____

Service(s) Requested: _____

Are you enrolled in? Medicare - Medicare # _____ Medicaid - Medicaid # _____

Additional Information:

Referred By:

- Texas Department of Family & Protective Services (DFPS)
- Texas Department of Assistive & Rehabilitative Services (DARS)
- Texas Department of Aging & Disability Services (DADS)
- Texas Department of State Health Services (DSHS)
- Home & Community Care Organization
- Family Member Doctor
- Assisted Living Facility Hospital
- Other: _____

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.

Client Rights and Responsibilities

Area Agency on Aging of Dallas

The Area Agency on Aging of Dallas 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 60 or older and/or their family members and other caregivers. Our goal is to assist older individuals leading independent, meaningful and dignified lives in their own homes and communities as long as possible through the provision of limited supportive 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	Area Agency on Aging Information
Heritage Senior Center	Dallas Area Agency on Aging
200 S. Jefferson St.	1341 W. Mockingbird Lane, Suite 100W
Irving, TX 75060	Dallas, TX 75247
Phone: (972) 721-2496	Phone: (214) 8712-5065
Fax: (972) 721-3744	Fax: (214) 871-7442
Supervisor: Ann Gillespie	

4. You have the right to participate in the development of a care plan to address unmet needs.
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.
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.
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 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.
9. You have the responsibility to inform the Area Agency of Again or its service provider(s) of your intent to withdraw from the program or any known periods of absenteeism when services will not be provided.
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

HSC # _____

Provider/Center: IRVING HERITAGE SENIOR CENTER

Consumer Name: _____

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.

I have received nutritional education for the items indicated below:

	YES
X _____	
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 a 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 months.	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 20007

The Nutrition Screening Initiative is funded in part by a grant from Ross Products Division of Abbott Laboratories, Inc.

HSC # _____

Proveedor o Centro: IRVING HERITAGE SENIOR CENTER

Nombre del Cliente: _____

Fecha: _____

Las señales de advertencia de una mala salud nutricional a menudo se pasan por alto. Utilice esta lista para averiguar si corre riesgo de sufrir una mala nutrición.

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

I have received nutritional education for the items indicated below:

	YES
X _____	
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 vino casi todos los días.	2
Tengo problemas en 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
TOTAL	

Puntaje de Salud Nutricional

- 0 – 2 Buena
- 3 – 5 Riesgo Nutricional Moderado
- 6 o 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.

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City of Irving Parks and Recreation Department Heritage Senior Center Medical Information

Please read the following information carefully:

Medical information is optional, however it is intended to aid **EMERGENCY RESPONSE** technicians in treating you in the event of a medical emergency. If you are planning to use the fitness room or aquatics facility or engage in any physical activity offered at the Heritage Senior Center, you are **HIGHLY** encouraged, for your own wellbeing, to provide the following information.

Medications you are currently taking:

Known allergies:

Known medical problems or special equipment (wheelchair, oxygen, etc.)

Release of Responsibility: This release is in reference to all outings, fitness facilities & activities that the participant will be engaged in along with the others participants enrolled in the Congregate Meals Program, the City of Irving and the Heritage Senior Center. In Consideration of participants being permitted to make such outings, take part in fitness and/or activities and benefits participants will receive by reason thereof, I hereby release the DAAA, The City of Irving, Heritage Senior Center and sponsoring groups, together with all those persons assisting with any phase of such outing, fitness facilities and activities from any and all liabilities by reason of any accident or injury suffered by participant while on said outing or participating in such activities. I agree and hold all said parties harmless from all claim here after made by or asserted on behalf of said participant.

Client Signature
Date

Payment:

Credit Card	Master Card	Visa	Discover	Other
Receipt #				
Fitness Membership	1 month	3 months	6 months	1 year

Employee Signature _____

Heritage Senior Center Outings Guidelines and Policies

- An individual wishing to register for outings must possess a current Heritage Senior Center

membership. Heritage Senior Center membership includes vital information such as emergency contacts, medical information and a waiver and release form.

- Payments for an outing must be made at the time of registration. Persons on a waiting list do not need to pay until an opening is available.
- Registration for outings begins the third Monday before the month of the trip.
- Refunds will not be granted for outings unless the outing is cancelled due to inclement weather or lack of interest. Credit vouchers will be available for extreme circumstances. Credit may be issued for other outings or activities at the Heritage Senior Center. Any request for refund must be made in writing within 30 days of cancellation, must be accompanied by the original receipt/credit slip and is subject to review by the center supervisor.
- While on an outing, including transportation to and from the desired location, participants will follow the instructions of the Heritage Senior Center staff or outing facilitator.
- For safety purposes, participants are strongly encourage not to isolate themselves upon arrival to the desired location. Staff may at any time require a participant to have a "buddy" during the course of an outing.
- Participants should heed the directions of staff or facilitators concerning departure times, arrival times, curfews, etc.
- Participants should use good judgment and practice common courtesy in dealing with fellow participants, staff, drivers and any other personnel associated with an outing. Profanity will not be tolerated. Smoking should be reserved for appropriate time and places.
- Heritage Senior Center staff reserves the right to prohibit any individual from participating in outings. Persons prohibited from outings will be notified by phone and writing.
- Participants are responsible for any incidentals incurred while on an outing. This includes but is not limited to room service, tips, phone calls, pay per view movies, etc.
- Participants should arrive at the Heritage Senior Center at least 15 minutes prior to departure of any outing. Roll call and check in will take place prior to boarding. No individual will board prior to staff approval. Boarding of the outing vehicle will be done at the discretion of the Center staff. Patrons needing assistance (wheelchairs, etc.) will be boarded first. Participants will keep the same seats for the duration of the outing. "Saving" seats is not permitted.
- Individuals are responsible for their transportation to and from the Heritage Senior Center in a timely manner. Individuals leaving Heritage Senior Center with a group outings must return with the group, unless prior arrangements are made with the H.S.C. Supervisor.
- When registering for an outing, participants are asked to use good judgment when registering for an outing. Constraints such as time, money and physical limitations should be considered. Any concerns regarding an outing should be voiced to center staff as there may be alternatives available to make an outing more accessible.
- Inappropriate behavior of any kind will not be tolerated. Such actions can be cause to ban a participant from future outings.

Please sign and date to state that you have read and accept the terms and guidelines and you understand them.

By signing this document, the Participant is representing to the City and to fellow participants that the Participant accepts a personal responsibility for the safety and well being of everyone involved in this activity. The Participant further agrees that the Participant's own actions will positively contribute to this goal of safety and well being for everyone, including the Participant. The City of Irving will facilitate this outing, but with the understanding that all participants are responsible adults who will exercise good judgment. No Participant is expected to need to be monitored or continuously supervised by the City. All Participants are expected to marry a spirit of fun with consideration for others and a helping hand as needed.

Signature _____ Date _____