

**Area Agency on Aging of the Capital Area**  
**2025 Caregiver Support Eligibility Screening Form**  
 (This form is to be completed along with the AAACAP intake form)

Date:	Referral Source:
Name of Caregiver:	
Name of Care Recipient:	

- Care recipient must be at least 60 years old **OR** an individual, of any age, diagnosed with Alzheimer’s or a disease-related dementia
- A family caregiver who is 55 or older and is a grandparent or other non-parent relative, with primary care of a child 18 or younger **OR** one who cares for a child or an individual with a disability, including parents.
- Care recipient must live in Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis and Williamson County

For the agency to cover the costs of services provided, the caregiver or care receiver should be experiencing financial need such as,

- Low income for the caregiver’s household (i.e., no more than \$1,956 for one-person household, \$2,645 for two-person household, \$3,331 for three-person household, and \$4,019 for four-person household).
- Low income for the care recipient (i.e., no more than \$1,956 for one-person household, \$2,645 for two-person household, \$3,331 for one-person household, and \$4,019 for four-person household)

**The caregiver must meet at least FOUR of the following (check all that apply):**

- Cares for someone who has Alzheimer’s disease/dementia, severe memory problems, or significant cognitive impairment
  - Does care receiver live alone?     Yes     No
  - Can care recipient be left alone for any amount of time     Yes     No
  - Does care receiver have any “challenging” behaviors such as wandering, agitation, suspiciousness, hallucinations, or delusions?     Yes     No
  - Does care receiver have any behaviors that are dangerous to self or others such as wandering, violence, lack of safety awareness?    ?     Yes     No
  - Is care recipient on hospice     Yes     No
- Cares for someone who has difficulty with two or more Activities of Daily Living (i.e., getting out of bed or chair, walking, dressing, bathing/showering, toileting, feeding, or grooming), and/or severe health condition with need for frequent assistance)
- Cares for someone who has been in a hospital, rehabilitation facility, emergency room, or skilled nursing facility within the last four weeks, and/or exhibits behaviors that are dangerous to self/others
- Has had to cut back on work hours or activities because of care responsibilities, and/or has experienced physical/emotional problems because of care responsibilities
- Cares for someone without access or support through any other means:  
     [i.e., Long-term services through HHS, VA, Star+Plus or Private-Pay Services]
- Does the caregiver have a chronic health condition or recently experienced a health crisis.

**Fax completed form and AAACAP intake form to 512-916-6042 OR email [CCinfo@capcog.org](mailto:CCinfo@capcog.org)**

Notes (if applicable):

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_