SERVICE AREA:
The ETXAAA serves the counties of Anderson, Camp, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt and Wood.

All services are based on eligibility and contingent on available funds.

Area Agency on Aging of East Texas

REFERRAL FORM

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

Is the client aware of this referral? ☐ Yes ☐ No ☐ Don't Know

Part I – Recipient Identification

*Date:	Client ID # (for AAA use only)		Primary Language:	
*Last Name:	*First Name:	*MI:	*Date of Birth:	Sex: ☐ Male ☐ Female
*Street Address and Apt. No.:	*City:	*State: TX	*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: TX	*ZIP Code:	*County:

***Ethnicity** *(Check One)*:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Unknown

***Race** *(Check all that apply)*:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White – Non-Hispanic
- ☐ White – Hispanic

Marital Status *(Check One)*:

- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never Married
- ☐ Not Reported

*Does person live alone? ☐ Yes ☐ No ☐ Don't Know

*Is person a Veteran? ☐ Yes ☐ No ☐ Don't Know

Monthly Household Income:

If answer is no, who does person live with?

Total No. of People in Household:

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

Monthly Income from:	**Participant**	**Spouse**
Job		
Social Security		
Supplemental Security Income		
Veterans Affairs		
Other Sources		
Other Benefits [e.g., Supplemental Nutritional Assistance Program (SNAP)]		

Please explain why client needs services:

Part II – Service(s) Requested *(Completed by AAA or provider staff)*

List of Requested Services:

- ☐ BENEFITS COUNSELING (Medicare)
- ☐ NUTRITION SERVICES
  - ☐ Congregate Meals
  - ☐ Home-Delivered Meals
- ☐ HOMEMAKER/PERSONAL ASSISTANCE
- ☐ RESPITE IN-HOME (Caregiver Relief)
- ☐ RESIDENTIAL REPAIR/MODIFICATION
  (Only providing wheelchair ramps, handrails, walk-in (handicap-accessible) showers, grab bars and raised toilets)

Are you enrolled in: ☐ Medicaid ☐ Medicare

Part III – Emergency Contact Information *(Completed by AAA or provider staff)*

Full Name:	Relationship:
Phone No.:	Is this contact also the caregiver? ☐ Yes ☐ No

Part IV – Referral Source *(Completed by AAA or provider staff)*

Full Name:	Agency:
Phone No:	Email:

Part V – Nutrition Services *(Completed by AAA or provider staff)*

*Additional Eligibility Requirements if eligible person is under 60. Check which of the following applies:

- ☐ Eligible person is under 60 and the spouse of person 60 or older who takes part in the nutrition program.
- ☐ Eligible person is under 60, serves as volunteer at the nutrition site and the provider offers a meal according to AAA procedures.
- ☐ 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.
- ☐ Eligible person is under 60, has a disability, lives with a person eligible for a meal and the provider offers a meal according to AAA procedures.

You may send this form to the Area Agency on Aging for East Texas
via FAX at 903-984-4482 or email at AAA_fax@etcog.org.