



Welcome to Meals on Wheels Victoria!

Meals on Wheels Victoria is a non-profit 501(c)(3) organization providing services that support independent living for seniors within Victoria. Since 1979, we have been providing congregate meals, health screenings, and recreational activities at our senior citizen center, home-delivered meals for homebound seniors, and transportation to medical appointments, the grocery store and more! Our homebound clients also have the opportunity to participate in our various programs, such as the Pet Assistance Program, Social Reassurance Program, Crafts Program and Library Delivery Program.

Due to the COVID-19 pandemic, we have closed our dining room and suspended all Senior Center activities until further notice. Meals are available for curbside pickup at 11 AM on weekdays. Reservations must be made at least 24 hours in advance for clients that want to pick them up. For clients who wish to receive home-delivered meals, they will receive 1 hot meal and 4 frozen meals weekly. Transportation services are running on a modified basis. We have reduced the daily number of rides available to allow only one client in our vans at a time.

All of our services are provided free of charge for eligible clients, but we welcome your donations to help share in the costs of providing them. The suggested contribution is \$3.00 per meal for clients who meet state eligibility guidelines. Donations can be given to your meal delivery driver, brought to our office, or paid online at [mowvictoria.org](http://mowvictoria.org) under the Pay for Meals link. For clients not meeting eligibility guidelines for subsidized services, private pay service is available, prepaid in advance.

Enclosed you will find all the information you need to become a Meals on Wheels Victoria client. Please review and fill out the forms provided. If you have any questions, call the office at (361) 576-2189. Our office hours are Monday through Friday 8 AM to 2 PM.

We look forward to serving you!

Sincerely,  
Jenny Herrera  
Intake and Assessment Coordinator  
[intake@mowvictoria.org](mailto:intake@mowvictoria.org)  
[www.mowvictoria.org](http://www.mowvictoria.org)

¡Bienvenido a Meals on Wheels Victoria!

Meals on Wheels Victoria es una organización sin fines de lucro 501 (c) (3) que brinda servicios que apoyan la vida independiente de las personas mayores en Victoria. Desde 1979, hemos brindado comidas colectivas, exámenes médicos y actividades recreativas en nuestro centro para personas mayores, comidas a domicilio para personas mayores confinadas en el hogar y transporte a citas médicas, al supermercado y más. Nuestros clientes confinados en casa también tienen la oportunidad de participar en nuestros diversos programas, como el Programa de asistencia para mascotas, el Programa de tranquilidad social, el Programa de manualidades y el Programa de entrega de bibliotecas.

Debido a la pandemia de COVID-19, cerramos nuestro comedor y suspendimos todas las actividades del Centro para personas mayores hasta nuevo aviso. Las comidas están disponibles para recoger en la acera a las 11 a. M. De lunes a viernes. Las reservas deben realizarse con al menos 24 horas de anticipación para los clientes que quieran recogerlos. Para los clientes que deseen recibir comidas a domicilio, recibirán 1 comida caliente y 4 comidas congeladas por semana. Los servicios de transporte se ejecutan de forma modificada. Hemos reducido la cantidad diaria de viajes disponibles para permitir que solo un cliente viaje en nuestras camionetas a la vez.

Todos nuestros servicios se brindan sin cargo para los clientes elegibles, pero agradecemos sus donaciones para ayudar a compartir los costos de brindarlos. La contribución sugerida es de \$ 3.00 por comida para los clientes que cumplen con las pautas estatales de elegibilidad. Las donaciones se pueden entregar a su conductor de entrega de comidas, llevarlas a nuestra oficina o pagar en línea en [mowvictoria.org](http://mowvictoria.org) bajo el enlace Pagar por comidas. Para los clientes que no cumplan con las pautas de elegibilidad para los servicios subsidiados, el servicio de pago privado está disponible, prepago por adelantado.

Adjunto encontrará toda la información que necesita para convertirse en cliente de Meals on Wheels. Revise y complete los formularios proporcionados. Si tiene alguna pregunta, llame a la oficina al (361) 576-2189. Nuestro horario de atención es de lunes a viernes de 8 AM a 2 PM.

¡Esperamos poder servirle!

Sinceramente,  
Jenny Herrera  
Intake and Assessment Coordinator  
[intake@mowvictoria.org](mailto:intake@mowvictoria.org)  
[www.mowvictoria.org](http://www.mowvictoria.org)

## Frequently Asked Questions

### **Who is eligible?**

Adults, age 60 and older, who are primarily homebound, unable to easily cook for themselves, lack consistent daytime assistance from another person, are available to accept meals during the delivery time frame, and meet eligibility criteria established by the Texas Health and Human Services Commission.

### **Are meals free?**

There is no charge for clients meeting HHSC eligibility criteria, provided adequate funding is available, but clients are invited to make a voluntary contribution towards the monthly cost of providing services.

For clients that do not meet eligibility criteria, private service is available and must be prepaid in advance.

### **I want to make contribution, but how?**

Clients can give their contributions to their meal delivery driver, by mail, or through our website ([www.mowvictoria.org](http://www.mowvictoria.org)) under the "Pay for meals" link. Contributions can also be brought to our office during regular business hours.

### **What do meals include?**

Meals are prepared fresh daily by our kitchen staff. Our menu is developed by a registered dietician and designed to meet at least 1/3 of the recommended daily nutrient intake for senior adults. For a monthly view of the menu, check out our newsletter or website (under What We Do > Daily Menu).

### **What other services do you provide?**

Besides meals, we have a senior center that hosts different events such as health screenings and recreational activities. We offer transportation for medical appointments, grocery shopping, and more. Homebound clients with pets are eligible to join our pet assistance program. We also have a library delivery program for homebound clients and are working on a social reassurance program.

### **Where can I find out more information about programs and activities?**

For more information about programs and activities, you can call our office at 361-576-2189. There is also more information available in our newsletter, on our website, [www.mowvictoria.org](http://www.mowvictoria.org), and on our Facebook page [www.facebook.com/mowvictoriatx](http://www.facebook.com/mowvictoriatx).

## Our Services

### **Meals on Wheels**

Our Meals on Wheels service provides home-delivered, prepared meals to homebound clients, enabling them to remain healthy and independent in their own homes. Each meal is prepared daily and delivered in a microwave-safe container by a trained staff driver or volunteer between 10:30 AM to 1:30 PM Monday through Friday.

### **Senior Center Congregate Programs**

The Senior Citizens Center provides opportunities to gather with new and old friends. Lunch is served at 11 AM, Monday through Friday. The Senior Center also holds activities, such as bingo, dominoes, card games, movie viewings, crafts, and periodic health screenings.

### **Transportation**

Curb to curb transportation service is available Monday through Friday from 7:30 AM to 1 PM for medical appointments, prescription pick up, grocery shopping, personal care appointments, errands and more. Reservations for transportation must be booked 24 hours in advance and be within Victoria city limits.

*(Transportation is also available to and from the Senior Center).*

### **Library Items Delivery**

We have partnered with the Victoria Public Library to give our homebound clients the option to receive library items. Clients must fill out a library interest survey and will receive items based on those preferences.

### **Pet Assistance**

Homebound meal delivery clients are eligible for a monthly delivery of cat or dog food based on the size and number of your pets. We are currently working towards expanding the program to include grooming and veterinary needs.

### **Social Reassurance Program**

Our Social Reassurance Program is a service that allows our clients experiencing isolation, loneliness, and lack of social support a chance to connect with a volunteer. Clients and volunteers are able to build a friendship and social connection. This program can either take place over the phone or in person based on the client and volunteer's preferences.

### **Craft Program**

We have partnered with the Adult Program Services of the Victoria Public Library to provide a monthly craft delivery to our homebound seniors. Each month holds a different project, and all supplies are provided. *(Registration is required).*



**Transportation Services**



Please contact Transportation Coordinator, Tina Doggett, at 361-576-2189 for reservations & cancellations. **24-hour notice required.**

**Reminder to all passengers:** Must have a valid Signed Intake & Service Request Form and must be ready 1 hour before pick-up time and all pick-up times vary and are according to necessary transport schedule for the day. No appointments will be scheduled after 1PM. Donations are gratefully accepted.

MOW Victoria **does not provide** rides out of town or on the weekend.

You are responsible for having the correct information for all appointments in front of you when reserving a ride:

- the **name** of doctor or facility
- the **address** of a doctor or facility
- the **time** of the appointment

Daily Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
Medical Appointments	Medical Appointments	Medical Appointments	Errands <i>except grocery shopping</i>	Grocery Shopping: HEB Plus HEB Rio Grande Old Walmart New Walmart Dicks Aldi
Lab/Imaging Testing	Lab/Imaging Testing	Lab/Imaging Testing		
Prescription Pick-Up	Prescription Pick-Up	Prescription Pick-Up		

**\*\*DUE TO COVID-19 PANDEMIC, TRANSPORTATION IS NOT AVAILABLE ON MONDAYS AND SCHEDULING RESTRICTIONS DO NOT APPLY. \*\***



**Shoppers:** We encourage you to use cloth (recycle) shopping bags instead of plastic for ease of use when transporting. Do not buy more than you can carry.



Funding provided by the Texas Health & Human Services



TEXAS Health and Human Services

**CLIENT INTAKE AND SERVICE REQUEST FORM**

**FORMA DE ADMISIÓN Y SOLICITUD DE SERVICIOS PARA CLIENTES**

The information on this form is required by your local service provider, the Area Agency on Aging (AAA), and the Texas Health & Human Services. All information provided will be kept confidential and guarded against unofficial use. Information gathered through an intake or through an assessment may be shared to effectively plan, arrange and deliver services to meet individual client needs.

Esta solicitud contiene información que exigen el proveedor de servicios locales, la Agencia del Área para Adultos Mayores (AAA) y el Departamento de Servicios para Adultos Mayores y Personas Discapacitadas de Texas. Toda la información se mantendrá confidencial y protegida contra el uso no oficial. La información obtenida mediante el proceso de admisión o una valoración se puede divulgar para planear, organizar y prestar los servicios eficazmente para satisfacer las necesidades individuales del cliente.

**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 (office use only) \_\_\_\_\_

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: Male  Female  Birth Date: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Home Address: Street/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: Tx Zip Code: \_\_\_\_\_ County: Victoria

Check if Mailing Address is Home Address

Mailing Address: Street/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Home  Cell  Other  (Check One)

**Ethnicity (Check One):**

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

- (1) Hispanic or Latino
- (2) Not Hispanic or Latino
- (3) Ethnicity Not Reported

- (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

CLIENT INTAKE AND SERVICE REQUEST FORM, PAGE 2

Does client live alone? Yes  No

Client living in poverty (Low Income)? Yes  No

Service(s) Requested: Congregate, Meals, Transportation

Are you enrolled in?  Medicare  Medicaid  Extra Help for Medicare Prescription Drug Plan

QMB & SLMB Would You Like More Information About these Programs? \_\_\_\_\_

To be completed by AAA/provider staff:

Print name of AAA/provider staff completing Intake: \_\_\_\_\_

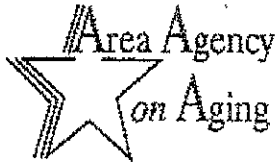
**Nutrition Services: If participant is "other Older Americans Act(OAA) or Nutrition Service Incentive Program (NSIP) eligible participant under 60 years of age", check which of the following applies:**

- |  |                          |
|--|--------------------------|
| (1) Spouse is eligible and participates in congregate or home delivered meal program.                                      | <input type="checkbox"/> |
| (2) Serves as volunteer at the nutrition site in accordance with OAA standards.  | <input type="checkbox"/> |
| (3) Disabled/resides in the housing facility and wants to participate in the congregate meal program provided at the site. | <input type="checkbox"/> |
| (4) Disabled and lives with a 60+ person who is eligible for congregate or home delivered meal program.                    | <input type="checkbox"/> |

Optional-Referred By \_\_\_\_\_

Referral Contact Information: \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

Additional Notes Regarding Referral:



Area Agency on Aging of Golden Crescent

Client Rights & Responsibilities for Older Americans Act Programs

The Area Agency on Aging of Golden Crescent 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 age 60 or older and/or their family members and other caregivers. Our goal is to assist older individuals in leading independent, meaningful and dignified lives in their own homes and communities as long as possible through the provision of limited support 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 Information:	Area Agency on Aging Information
Meals on Wheels Victoria 603 E. Murray P.O. Box 1433 Victoria, Texas 77902 Phone (361) 576-2189 Fax (361) 578-8111	Cindy Cornish, AAA Director Golden Crescent AAA 1908 N. Laurent, Suite 600 Victoria, TX 77901 361-578-1587, ex 223 1-800-252-9240 <a href="mailto:cindyco@gcrpc.org">cindyco@gcrpc.org</a>  Michael Ada, GCRPC Executive Director Golden Crescent Regional Planning Commission 1908 N. Laurent, Suite 600 Victoria, TX 77901 361-578-1587, ex 204 <a href="mailto:michaela@gcrpc.org">michaela@gcrpc.org</a>

4. You have the right to participate in the development of a care plan to address unmet needs.  N/A
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.  N/A
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.  N/A
7. You have the right to be informed of any change in service(s).  N/A
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 on Aging or its service provider(s) of your intent to withdraw from the program or any known periods of absenteeism when services will not be utilized.  N/A
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





**Agencia del Área para Adultos Mayores de Golden Crescent**  
**Derechos y responsabilidades del cliente de programas bajo**  
**la Ley para Americanos de Edad Avanzada**

La Agencia del Área para Adultos Mayores (AAA) de Golden Crescent le da la bienvenida a usted como participante de los programas para personas mayores y cuidadores de la familia de nuestra región. Este programa se hace por mandato de la Ley para Americanos de Edad Avanzada de 1965, con sus enmiendas, y ofrece acceso, asistencia y otros servicios de apoyo. La Agencia del Área para Adultos Mayores administra estos programas y servicios con fondos del Departamento de Servicios para Adultos Mayores y Personas Discapacitadas de Texas, de contribuciones de clientes y fondos locales.

Los programas y los servicios se han diseñado para las personas de 60 años en adelante, para los miembros de sus familias y otros cuidadores. Nuestra meta es ayudar a los adultos mayores a llevar vidas independientes, con significado y con dignidad en sus propias casas y comunidades por cuanto tiempo sea posible, por medio de la prestación de servicios de apoyo limitados. Su información no se divulgará a nadie ni a ningún departamento sin su consentimiento informado, con la excepción de los expedientes que la corte ordene.

**Derechos y responsabilidades del cliente:**

1. Tiene el derecho de ser tratado con respeto y consideración. Tiene el derecho de que se trate su propiedad con respecto.
2. Tiene el derecho de que no le nieguen los servicios debido a su raza, religión, color, origen nacional, sexo, discapacidad, estado civil o debido a que no puede o no está dispuesto a contribuir.
3. Tiene el derecho de presentar una queja o agravio o recomendar cambios a las normas o servicios, sin sufrir restricciones, interferencias, coacción, discriminación o represalias. Para presentar una queja o un agravio, comuníquese con la Agencia del Área para Adultos Mayores. La información de contacto se da a continuación:

Información del Proveedor de Servicios:	Información de la Agencia del Área para Adultos Mayores
Meals on Wheels Victoria 603 E. Murray St P.O. Box 1433 Victoria, Texas 77902 Phone (361) 576-2189 Fax (361) 578-8111	Cindy Cornish, AAA Director Golden Crescent AAA 1908 N. Laurent, Suite 600 Victoria, TX 77901 361-578-1587, ex 223 1-800-252-9240 <a href="mailto:cindyco@gcrpc.org">cindyco@gcrpc.org</a> Michael Ada, GCRPC Executive Director Golden Crescent Regional Planning Commission 1908 N. Laurent, Suite 600 Victoria, TX 77901 361-578-1587, ex 204 <a href="mailto:michaela@gcrpc.org">michaela@gcrpc.org</a>

4. Tiene el derecho de participar en la formulación de un plan de atención para atender las necesidades que no han sido satisfechas.  No aplica
5. Tiene el derecho de que le informen por escrito sobre los servicios disponibles y los cargos pertinentes si los servicios no están cubiertos o no están disponibles por medio de Medicare, Medicaid, seguro médico o fondos de la Ley para Americanos de Edad Avanzada.  No aplica
6. Tiene derecho a escoger independientemente al proveedor de servicios de la lista provista por la Agencia del Área para Adultos Mayores donde hay disponibles varios proveedores de servicios, y a cambiar de proveedor de servicios cuando lo desee.  No aplica
7. Tiene el derecho de que le informen de cualquier cambio en los servicios.  No aplica
8. Tiene el derecho de hacer una contribución voluntaria y confidencial por los servicios que haya recibido por medio de la Agencia del Área para Adultos Mayores. Los servicios no se negarán si un participante que llena los requisitos no puede o no quiere hacer una contribución. Todas las contribuciones se mantendrán de manera confidencial y se usarán para extender o mejorar los servicios para los cuales se donaron.
9. Tiene la responsabilidad de informar a la Agencia del Área para Adultos Mayores o a su proveedor de servicios de su intención de retirarse del programa o de cualquier periodo de ausencia durante el cual no se utilizarán los servicios.  No aplica
10. Tiene la responsabilidad de proporcionar a la Agencia del Área para Adultos Mayores o a sus proveedores de servicios información completa y exacta.

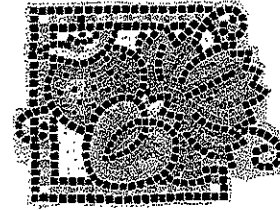
Libero de toda responsabilidad a este programa de la Agencia del Área para Adultos Mayores, su organización matriz, los donadores, y a los departamentos estatales patrocinadores de cualquier responsabilidad que surja de los servicios proporcionados de acuerdo con las pautas del programa.

\_\_\_\_\_  
Firma del cliente

\_\_\_\_\_  
Fecha

- 1 -

Provider/Center: Victoria Senior Center / Meals on Wheels  
 Client Name: \_\_\_\_\_  
 Client ID: \_\_\_\_\_  
 Date: \_\_\_\_\_



*The Warning Signs of poor nutritional health are often overlooked. Use this checklist to find out if you are at nutritional risk.*

## DETERMINE YOUR NUTRITIONAL HEALTH

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. Reassessment Required Annually.

Consumer signature means they received Nutrition Education, developed & approved by the AAA Registered dietitian, in accordance with DADS P/I # 313	YES
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 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 month.	2
I am not always physically able to shop, cook and/or feed myself.	2
<b>CLIENT SIGNATURE:</b>	<b>TOTAL</b>

### Nutritional Health Score

0 – 2            Good  
 3 – 5            Moderate Nutritional Risk  
 6 or More       High Nutritional Risk

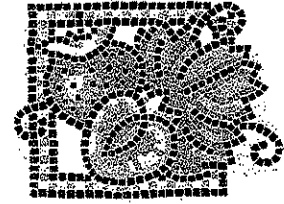
Refer to the Determine Your Nutritional Health Handout to learn more about the warning signs of poor nutritional health.

Proveedor o centro: Victoria Senior Center/Meals on Wheels \_\_\_\_\_

Nombre del cliente: \_\_\_\_\_

Identificación del cliente: \_\_\_\_\_

Fecha: \_\_\_\_\_



***Las señales de advertencia de la mala salud  
nutricional muchas veces se pasan por alto.  
Use esta lista para enterarse si corre riesgo de  
tener mala nutrición.***

## DETERMINACIÓN DE SU SALUD NUTRICIONAL

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

	SÍ
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 vinos casi todos los días.	2
Tengo problemas de 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
<b>TOTAL</b>	

### Puntaje de salud nutricional

0 - 2 Buena  
3 - 5 Riesgo nutricional moderado  
6 ó 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.



**Additional Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status:  Single  Married  Partner  Separated  Divorced  Widowed

Are you a Veteran?  Yes  No Spouse of a Veteran?  Yes  No

Church Preference: \_\_\_\_\_ Religion: \_\_\_\_\_

**Emergency Contacts:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Cell  Home  Work

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Lives with Client?  Yes  No

Relationship to Client?  Spouse  Child  Sibling  Friend  Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Cell  Home  Work

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Lives with Client?  Yes  No

Relationship to Client?  Spouse  Child  Sibling  Friend  Other: \_\_\_\_\_

**Additional Services:**

Would you be interested in additional information or participating in any of these additional services provided by Meals on Wheels Victoria? (Check all that apply).

- Craft Program  Not Interested
- Library Delivery  Not Interested
- Pet Assistance Program  Not Interested
- Social Reassurance Program  Not Interested

Texas Department of Aging and Disability Services

Area Agency on Aging

AAA Consumer Needs Evaluation

120 S. main, Suite 210 Victoria, Texas 77901 361-578-1587, 1-361-578-8865 (fax) 1-800-252-9240 or dial 211



Consumer Name: \_\_\_\_\_

Consumer Number: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

**Service Arrangement**  
 C = Caregiver  
 P = Service will be purchased by AAA.  
 A = Other agency—non AAA vendor is providing the service.  
 N = Not applicable to this consumer.  
 S = Self

	Texas Score	NAPIS ADL/IADL	NAPIS Count	Scoring/Service Arrangement
<b>I. Daily Living Impairment Assessment</b> <b>I. ADLs, IADL &amp; Other*</b>	ADL - Activity of Daily Living IADL - Independent Activity of Daily Living			* Impairment Scoring 0 = None 1 = Mild 2 = Severe 3 = Total Impairment
1. Do you have any problems taking a bath or shower?		ADL		
2. Can you dress yourself?		ADL		
3. Can you feed yourself?		ADL		
4. Can you groom yourself (shave, brush your teeth, shampoo and comb your hair)?				
5. Do you have problems getting to the bathroom and using the toilet?		ADL		
6. Do you have trouble cleaning yourself after using the bathroom?				
7. Can you get in and out of your bed or chair?		ADL		
8. Are you able to walk without help?		ADL		
9. Can you clean your house (sweep, dust, wash dishes, vacuum)?		IADL		
10. Can you do heavy housework (scrub floors, yard work, shovel snow, take out garbage)?		IADL		
11. Can you do your own laundry?				
12. Can you fix your meals?		IADL		
13. Can you do your own shopping?		IADL		
14. Can you take your own medicine?		IADL		
15. Can you trim your nails?				
16. Do you have any problems keeping your balance?				
17. Can you open jars, cans, bottles?				
18. Can you use the telephone?		IADL		
19. Are you able to perform transportation on your own?		IADL		
20. Do you have any trouble managing your money?		IADL		

Texas Department of Aging and Disability Services

Area Agency on Aging

AAA Consumer Needs Evaluation - Page 2

120 S. main, Suite 210 Victoria, Texas 77901 361-578-1587, 1-361-578-8865 (fax) 1-800-252-9240 or dial 211



Consumer Name: \_\_\_\_\_

Consumer Number: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

**Service Arrangement**  
 C = Caregiver  
 P = Service will be purchased by AAA.  
 A = Other agency-non AA vendor is providing the service.  
 N = Not applicable to this consumer.  
 S = Self ↓

	Texas Score	NAPIS ADL/IADL	NAPIS Count	Scoring/Service Arrangement
<b>II. Mental Health Screening</b>				
21. During the last month, have you been bothered by having little interest or pleasure in doing things, or have you often felt down, depressed, or hopeless?				Scoring for question 21: 0 = If the answer is "No" to question 21. 1 = If the answer is "Yes" to 21 and "No" to questions 22-25. 2 = If the answer is "Yes" to 21 and "Yes" to at least one of questions 22-25. 3 = If the answer is "Yes" to 21 and "Yes" to two or more of questions 22-25.
<b>III. Mental Health Assessment – If the answer is YES to Question 21, continue. Otherwise, SKIP to Section IV.</b>				
In the last two weeks, most of the day, nearly every day:				Based on Consumer's perception of self:
22. ... have you had problems sleeping?				Answer "No" or "Yes" for this question.
23. ... have you lost the ability to enjoy things that once were fun?				Answer "No" or "Yes" for this question.
24. ... do you feel that you have little value as a person?				Answer "No" or "Yes" for this question.
25. ... have you had a significant change in your appetite?				Answer "No" or "Yes" for this question.
<b>Mental Health Assessment Score (II &amp; III)</b>				
<b>IV. Cognition</b>				
<b>A. Self Evaluation</b>				
26. During the last 2 weeks, on how many days have you had trouble concentrating or making decisions? (Based on Consumer's perception of self.)				0= Not at all. 1= Occasionally, a couple of times. 2= Frequently, more than a couple of times, but not every day. 3= Every day.
<b>B. Third Party Observation</b>				
27. Does the consumer have the ability to make decisions independently? (Based on someone's observation of the Consumer.)				0= Makes consistent and reasonable decisions independently. 1= Makes simple decisions without assistance. 2= Makes poor decisions, needs cues/supervision for most decisions. 3= Severely impaired, rarely makes own decisions.
28. Does the consumer appear to have short-term memory impairment? (Based on someone's observation of the Consumer.)				0= No 1= Has some short-term memory problems & can perform task for self with occasional reminders. 2= Has lapses resulting in frequently not performing task even with reminders. 3= Has memory lapses resulting in inability to perform routine tasks on a daily basis.

**Texas Department of Aging and Disability Services**  
**Area Agency on Aging**  
**AAA Consumer Needs Evaluation - Page 3**

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Consumer Name: \_\_\_\_\_

Consumer Number: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

**Service Arrangement**  
 C = Caregiver  
 P = Service will be purchased by AAA.  
 A = Other agency—non AAA vendor is providing the service.  
 N = Not applicable to this consumer.  
 S = Self

	Texas Score	NAPIS ADL / IADL	NAPIS Count	Scoring / Service Arrangement
<b>V. Assessment Scores</b>				
<b>A. Total CNE Impairment Score (out of 60)</b>  <input type="checkbox"/> Low (Score 0-19) <input type="checkbox"/> Moderate (Score 20-39)* <input type="checkbox"/> Severe (Score 40 and above)				
<b>B. NAPIS ADL COUNT (Score 0-6)</b>				
<b>C. NAPIS IADL COUNT (Score 0-8)</b>				

\*A score of 20 (moderate impairment) or greater is required for home-delivered meals.

\_\_\_\_\_  
 Signature of AAA/Provider Staff Assessor

\_\_\_\_\_  
 Date

**SCORING THE CNE & NAPIS – ADL'S & IADL'S Rate the Consumer according to the following scale:**

0	None	Able to conduct activities without difficulty and has no need for assistance.
1	Minimal/Mild	Able to conduct activities with minimal difficulty and needs minimal assistance.
2	Extensive/Severe	Has extreme difficulty carrying out activities of daily living and needs extensive assistance.
3	Total	Completely unable to carry out any part of the activity.

The AAA Consumer Needs Evaluation must be completed for the following services: Adult Day Care; Care Coordination (Care Management); Chore Maintenance; Home Delivered Meals; Homemaker; Personal Assistance; and Respite Care. Residential Repair requires service appropriate assessment, which may include the AAA Consumer Needs Evaluation.



**Victoria County Senior Citizens Association  
Dog Policy**

Victoria County Senior Citizens Association (VCSCA) is concerned for the safety of our Staff & Volunteers. Staff & Volunteers make it possible for VCSCA to deliver meals to you.

If your dog is unrestrained and approaches our staff or volunteers in a threatening way or if our staff or volunteers feel threat in any way, a VCSCA office staff member will contact you to remind you to keep your dog restrained. This incident will be documented. If a second incident occurs VCSCA will suspend your meal service until the situation is resolved. If there is not a consistent way to protect our staff and volunteers, then VCSCA will stop delivering your meals.

VCSCA is obligated to report any animal bites that break the skin. If your animal bites a staff or volunteer we must call Animal Control. Animal Control will notify you and hold your dog in quarantine for 10 days. After the quarantine time your animal will be released to you after you have paid the appropriate fines.

Please help us create a safe environment for our staff and volunteers by keeping your dogs restrained.

I acknowledge receipt of VCSCA dog policy.

I do not have a dog.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Victoria County Senior Citizens Association  
Dog Policy**

Victoria County Senior Citizens Association (VCSCA) está preocupada por la seguridad de nuestro Personal y Voluntarios. Personal y Voluntarios hacen posible que VCSCA le entregue las comidas.

Si su perro no tiene restricciones y se acerca a nuestro personal o voluntarios de una manera trilladora o si nuestro personal o voluntarios se sienten amenazados de alguna manera, un miembro del personal de la oficina de VCSCA se comunicará con usted para recordarle que debe mantener su perro restringido. Este incidente será documentado. Si ocurre un segundo incidente VCSCA suspenderá su servicio de comidas hasta que se resuelva la situación. Si no hay una manera consistente de proteger a nuestro personal y voluntarios, entonces VCSCA dejará de entregar sus comidas.

VCSCA está obligado a informar cualquier picadura de animales que rompen la piel. Si su animal muerde un miembro del personal o un voluntario, debemos llamar a Control de Animales. Animal Control le notificará y mantendrá a su perro en cuarentena durante 10 días. Después del tiempo de cuarentena, su animal será liberado después de haber pagado las multas apropiadas.

Por favor, ayúdenos a crear un ambiente seguro para nuestro personal y voluntarios al mantener a sus perros restringidos.

Acuso recibo de la política del perro de VCSCA.

No tengo un perro.

Firma del Cliente: \_\_\_\_\_ Fecha: \_\_\_\_\_



Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Technology Survey

- Do you have a smartphone?  Yes  No
- Are you able to receive and reply to text messages?  Yes  No
- Do you have a computer or tablet?  Yes  No
- Do you know how to use apps such as FaceTime, Zoom or Skype?  Yes  No

If so, which ones? \_\_\_\_\_

- Would you be interested in participating in virtual programs?  Yes  No
- Do you use Facebook?  Yes  No
- Do you have internet access/Wi-Fi at home?  Yes  No
- Do you use the internet at the public library, college library, or other public computer lab?  Yes  No
- Do you have anyone to help you with technology questions?  Yes  No
- Would you like to expand your knowledge with technology?  Yes  No

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_