Applicant’s Legal Name DOB Phone #

Applicant’s Home Address:

Provider Agency Name Date County

Does the applicant have “limited English proficiency”? [ ]  Yes [ ]  No Language Spoken:

Applicant is a NC resident? [ ]  Yes [ ]  No **SERVICE(S) REQUESTED:**

**Step 1: Financial Screening** (*for possible referrals*):

1. Total Household Income\*: $ monthly [ ]  individual [ ]  joint (married) *\*self-reported*

*If income is at or below* ***100% of poverty and assets are at or below set limits****, or the applicant is receiving Supplemental Security Income, refer the applicant to the county Department of Social Services* <https://www.ncdhhs.gov/divisions/social-services/local-dss-directory>*. For current federal poverty guidelines, visit* <https://aspe.hhs.gov/poverty-guidelines> *.* *For asset limits, see Appendix D or visit* [[NC Medicaid](https://medicaid.ncdhhs.gov/medicaid/get-started/learn-if-you-are-eligible-medicaid-or-health-choice/medicaid-income-and)](https://medicaid.ncdhhs.gov/medicaid/get-started/learn-if-you-are-eligible-medicaid-or-health-choice/medicaid-income-and)  *Continue to Step 2: Entitlement Screening.*

**Optional Income Worksheet:**

[ ]  Social Security [ ]  Retirement [ ]  VA Pension [ ]  Supplemental Security Income [ ]  Other Income

$ /mo. $ /mo. $ /mo. $ /mo. $ /mo.

**Step 3: Eligibility Screening:**

a) Is applicant age 60 or older? [ ]  Yes [ ]  No [*If “No”, STOP SCREENING, HCCBG Clients must be 60 years old or older.*] *If Yes, and there is no waiting list for the requested service(s), complete the DAAS 101 to register the applicant to receive service(s). If Yes, but* ***there is*** *currently a waiting list for the requested service(s), proceed to Step 4: Impairments Screening.*

**Step 2: Entitlement Screening:**

**Veteran Status**:

1. Did the applicant serve in the U.S. military and was honorably discharged? [ ]  Yes [ ]  No
2. Is the applicant the spouse or surviving spouse of a veteran? [ ]  Yes [ ]  No
3. Has the applicant applied for Veterans’ Administration (VA) assistance and been denied? [ ]  Yes [ ]  No
4. Has the applicant applied for VA assistance and waiting for approval? [ ]  Yes [ ]  No

*If Yes to either questions ‘a’ or ‘b’, refer applicant to a Veteran Service Office to apply for services/supports from the VA and continue this screening. If Yes to question ‘c’ or ‘d’, continue completing this screening tool. Veteran Service Office list:* [*https://files.nc.gov/ncdmva/documents/files/dmva-guide-2019a.pdf*](https://files.nc.gov/ncdmva/documents/files/dmva-guide-2019a.pdf) *Click “Services by County”*

**Medicaid**:

* 1. Has the applicant received confirmation of eligibility from NC Medicaid? [ ]  Yes [ ]  No
	2. Is the applicant on a waiting list for any NC Medicaid waiver? Specify:

[ ]  Yes [ ]  No *If Yes, skip to question “h” and continue completing this screening tool.*

* 1. Has the applicant been approved for NC Medicaid home and community-based services? [ ]  Yes [ ]  No

**Home Care and Hospice**:

h) Does the applicant currently receive Hospice services? [ ]  Yes [ ]  No

**Step 5: Priority of Service Screening**

To establish a priority score for applicants waiting for service complete the table below**. Count the points for each “Yes” reply to questions a – h.**  The score is maintained to rank the provider’s waiting list:

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority Criteria** |  |  | **Points** |
| 1. Was the applicant referred by the local DSS for service(s) as part of an Adult Protective Services (APS) plan and/or at risk of abuse, neglect and/or exploitation?
 | [ ]  Yes [ ]  No  | **10 points** |  |
| 1. Based on Step 4, does the applicant have 3 or more ADL impairments **OR** is the applicant cognitively impaired **AND** has at least 3 IADL impairments?
 | [ ]  Yes [ ]  No  | **10 points** |  |
| ***Applicants with a “Yes” to questions a and/or b, must be given priority. Skip questions c - h and enter the total points. Services must be provided immediately or as soon as funding is available.***  |
| 1. Based on Step 4, does the applicant have 1 -2 IADL impairments; **AND/OR** does the applicant have 1 – 2 ADL impairments; **OR** the applicant is cognitively impaired **AND** has less than 3 IADL impairments?
 | [ ]  Yes [ ]  No  | **4 points** |  |
| 1. Does the applicant live alone?
 | [ ]  Yes [ ]  No  | **1 point** |  |
| 1. Does the applicant need assistance with IADLs/ADLs because there is no one able or willing to assist them?
 | [ ]  Yes [ ]  No  | **1 point** |  |
| 1. Has the applicant been diagnosed with Alzheimer’s disease or dementia, Traumatic Brain Injury, stroke or other condition(s) causing loss of executive function?
 | [ ]  Yes [ ]  No  | **1 point** |  |
| 1. The applicant relies on others for transportation?
 | [ ]  Yes [ ]  No  | **1 point** |  |
| 1. Based on Step 2, applicant’s income **is above** 100% of poverty but **at or below** 150% of poverty?
 | [ ]  Yes [ ]  No  | **1 point** |  |
| **To determine priority score, total points** |  |

|  |
| --- |
| **Step 4: Impairments Screening:**Check "yes" or "no" in boxes corresponding to each IADL Impairment (items a-h) and each ADL (items a – f) to indicate if the applicant can carry-out the following tasks without substantial human assistance/help. |
| **IADL Impairments** | **Yes** | **No** | **ADL Impairments** | **Yes** | **No** |
| 1. Prepare meals
 |  |  | 1. Eat
 |  |  |
| 1. Shop for personal items
 |  |  | 1. Get dressed
 |  |  |
| 1. Manage own medications
 |  |  | 1. Bathe self
 |  |  |
| 1. Manage own money (bills)
 |  |  | 1. Use the toilet
 |  |  |
| 1. Use telephone
 |  |  | 1. Transfer into/out of bed/chair
 |  |  |
| 1. Do heavy housework
 |  |  | 1. Ambulate (walk without personal help)
 |  |  |
| 1. Do light cleaning
 |  |  |  **Total “No” responses** |  |
| 1. Transportation ability
 |  |  | **Does the applicant have significant memory loss or confusion (cognitively impaired)?** [ ]  **Yes** [ ]  **No**  |
|  **Total “No” responses** |  |

**Step 6: Waiting for Service:**

Complete DAAS 101 section for “Waiting for Service” and register the applicant in ARMS. Provider waiting lists are strongly encouraged, and suggest ranking priority of service based on: 1) the determined priority score above and 2) the length of time on a waiting list.

**Has the applicant waiting for service been offered or referred for private-pay services?** [ ]  **Yes** [ ]  **No**

Referred to:

Agency Rep. Signature: Date: