



2540 Frontier Ave #109
Boulder CO, 80301
Phone (303) 443-1933
Fax (303)-443-1899
www.careconnectbc.org

Please complete both sides and return to Boulder County CareConnect

Client Information

CLIENT

Name _____

Address: _____

City _____ Zip Code _____

Email _____

Do you prefer we contact you by email _____ by phone _____ either is fine _____

Primary phone _____

Other phone _____

Birthdate _____

EMERGENCY CONTACT

Name _____

Address: _____

City _____ Zip Code _____

Email _____

Primary phone _____

Relationship _____

Person requesting services if not the client _____

Any information about the client, their residence, their situation, etc. that is helpful for our staff and volunteers to know _____

Which service(s) will you use? Medical Mobility Carry Out Caravan Fix-It
 YardBusters IceBusters





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Client Waiver, Release, And Indemnification

I hereby release Boulder County CareConnect staff, board of directors, its associates and volunteers for all liability for any injury, medical expenses or damages related to services I requested to be completed by Boulder County CareConnect volunteers.

I indemnify and hold harmless the aforementioned from any and all claims, demands, losses, cause of action, lawsuits, judgments, including attorneys' fees and costs, arising out of or relating to activities related to services provided by the organization.

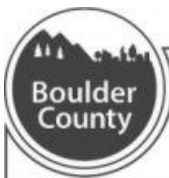
I attest that my involvement in receiving services from Boulder County CareConnect is fully voluntary, and that I can decline services at any point and time by contacting the agency directly.

The undersigned understands that this Release, Waiver, and Indemnification shall be effective from the date of signature. By signing this document, the undersigned hereby acknowledges that he/she has read the above carefully and agrees to comply.

Client name: _____

Signature: _____ Date: _____





AREA AGENCY ON AGING

Community Services Department

CONSUMER INFORMATION ASSESSMENT

Boulder County CareConnect		Name of Person Completing Form if Not the Client	
Demographics			
Name:		Age:	Birthdate:
Gender: Female Male Other Unknown	Email:		
Address _____		Phone _____	
City _____		State _____	Zip Code _____
Monthly income – Individual <input type="checkbox"/> \$990 or less <input type="checkbox"/> \$991 to \$1,238 <input type="checkbox"/> \$1,239 to \$1,832 <input type="checkbox"/> If more than \$1,833 Actual \$: _____	Monthly income - Married <input type="checkbox"/> \$1,335 or less <input type="checkbox"/> \$1,336 to \$1,669 <input type="checkbox"/> \$1,670 to \$2,470 <input type="checkbox"/> If more than \$2,471 Actual \$: _____	Do you live alone? YES NO How many people live in your household? _____	
Do you identify as: <i>(Please select one)</i> <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Other _____	Are you visually impaired? <i>(cannot be corrected with glasses)</i> YES NO Do you have hearing problems? YES NO Are you a U.S. Veteran? YES NO Your preferred language? _____	Do you have a disability? <input type="checkbox"/> Arthritis <input type="checkbox"/> Blind <input type="checkbox"/> Dementia <input type="checkbox"/> Frail <input type="checkbox"/> Heart problems <input type="checkbox"/> Paralysis <input type="checkbox"/> Stroke <input type="checkbox"/> Temporary Disability <input type="checkbox"/> Other _____ _____ _____	
This service is funded by the Boulder County Area Agency on Aging. Would you like to know more about: <input type="checkbox"/> BCAA Newsletter <input type="checkbox"/> BCAA Volunteer Opportunities <input type="checkbox"/> Aging & Disability Resources <input type="checkbox"/> Nutrition & Wellness		If yes, how should we contact you? <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email	

I have been informed of the Boulder County Area Agency on Aging’s (BCAAA) policies regarding voluntary contributions, complaint procedures, and appeals rights. I understand that this information may be used by the BCAA to potentially provide additional services for which I am eligible.

Signature _____ Date _____

If filled out by staff, staff should sign



Nutrition Checklist

If answer is 'Yes', circle the #.

Add the #'s to determine total nutritional score.

			#
I have an illness or condition that made me change the kind and/or amount of food I eat.	YES	NO	2
I eat less than 2 meals per day.	YES	NO	3
I eat few fruits or vegetables or milk products.	YES	NO	2
I have 3 or more drinks of beer, liquor, or wine almost every day.	YES	NO	2
I have tooth or mouth problems that make it hard for me to eat.	YES	NO	2
I don't always have enough money to buy the food I need.	YES	NO	4
I eat alone most of the time.	YES	NO	1
I take 3 or more different prescribed or over the counter drugs a day.	YES	NO	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	YES	NO	2
I am not always physically able to shop, cook and/or feed myself.	YES	NO	2
<i>0-2 = No Risk 3-5 = Moderate Risk 6 or more = High Risk</i>			Total '#': _____

Boulder County residents 60+ are eligible for 2 Nutrition Counseling sessions at no cost. These are provided by registered dietitians who have expertise in the nutrition concerns of older adults.
 Would you like to be contacted about scheduling an appointment?

YES NO

Activities of Daily Living (ADLs)			Instrumental Activities of Daily Living (IADLs)		
I can eat without help.	YES	NO	I can manage money without help.	YES	NO
I can dress myself without help.	YES	NO	I can take care of shopping without help.	YES	NO
I can bathe myself without help.	YES	NO	I can take my medication without help.	YES	NO
I can use the toilet without help.	YES	NO	I can prepare meals without help.	YES	NO
I can get in & out of bed/chairs without help.	YES	NO	I can do ordinary housework without help.	YES	NO
I can get around in my home without help.	YES	NO	I can use the telephone without help.	YES	NO
			I can use transportation without help.	YES	NO
Total 'NO': _____			Total 'NO': _____		

Are you receiving assistance with ADLs or IADLs from anyone?

YES NO

If yes, from whom? _____

Can you perform chore activities without help?

YES NO

If no, please provide reason: _____

Energy Needs Assessment:

Do you own your home?	YES	NO
Is your house drafty?	YES	NO
Do you have trouble paying your utility bills?	YES	NO
Do you want to hear more about how EnergySmart might help you?	YES	NO



Consumer Information Assessment FAQ

Frequently Asked Questions



What is this form used for?

This information helps us to improve the quality of services as well as develop and fund more programs designed to support older adults in Boulder County.

How do I provide feedback?

We are always improving how we can assist you, and your input helps us do that. Contact either Boulder County CareConnect (303-443-1933) or the Area Agency on Aging (303-441-3570). Since we value your experience, we ask for feedback in annual surveys.

How do I file a complaint, grievance or appeal?

You have a right to give us feedback about your service experience. If you think our response is not satisfactory, you or your caregiver may ask that the complaint be reviewed by the Area Agency on Aging or State Unit on Aging:

Boulder County Area Agency on Aging

Community Services Department
Sundquist Building
3482 Broadway Street
Boulder, CO 80304
(303) 441-3570
AAAfeedback@bouldercounty.org

Office of Adult, Disability & Rehab Services Aging and Adult Services

1575 Sherman Street, 10th Floor
Denver, CO 80203
(303) 866-2800 (Main Line)
(303) 866-2696 (Fax)
(888) 866-4243 (Toll Free)

Can I make a donation?

Gifts to help our efforts are accepted - every dollar goes back into the programs and services designed for you and others in Boulder County. Donations are voluntary and are not required to receive services. Speak to program staff about making a donation.

Who is the Boulder County Area Agency on Aging?

The Area Agency on Aging (AAA) provides leadership in assessing the strengths and needs of older adults in Boulder County. The Agency directs federal, state, county and other funds toward programs and services that provide many types of support and assistance to older adults and their family caregivers.

How can I become more involved in aging issues and advocacy?

If you would like to become more involved in aging issues or services, such as volunteering, advocacy, or general assistance, we invite you to contact the AAA to learn how you can help make our communities more livable and enjoyable for all ages. Call the AAA at (303) 441-3570.

What other resources are available?

The AAA can answer any questions you may have. You can contact their resource specialists at (303) 441-1617. Resources can also be found online at www.bouldercountyhelp.org.

