**Please read the following information concerning this Intake Form and Complaint/Grievance Procedure:**

We are asking you to complete the attached form to the best of your knowledge so we understand how you would like to receive services. Some basic information (\*) is needed to meet compliance with federal and state reporting requirements and to target consumers age 60 and older who have the greatest economic and social need, such as individuals who are low-income minority, frail, and rural. Requests for services are processed as funds allow.

Your income level is not used to qualify you to receive services, but rather as a means to gather demographic data to various entities to show the need for continued funding of services. Nobody will contact you, unless you choose so in order to receive information about services which might be available to you.

If there is not enough room on the application for any of your responses, please attach a separate sheet.

**Complaint/Grievance/Appeal Procedure:**

The purpose of the Complaint/Grievance/Appeal Procedure is

* To ensure fair and equitable treatment of all consumers, eliminate dissatisfaction, resolve problems and
* To establish complaint and appeals procedures that inform the consumers of their rights to complain and receive a written response at the provider level

Any OAA/OCA (Older Americans Act/Older Coloradans Act) eligible consumer who has a complaint/grievance with the organization asking you to fill out this assessment form has the right to file a complaint/grievance with said organization and, if not satisfied with the organization’s decision, to appeal that decision with either the local AAA (Area Agency on Aging) or the SUA (State Unit on Aging).

The complete Complaint/Grievance/Appeal Procedure is available upon request by contacting your local AAA and/or the SUA as follows:

Office of Community Access and Independence

Aging and Adult Services

1575 Sherman Street, 10th Floor

Denver, CO 80203

(303) 866-2800 (Main Line)

(303) 866- 2977 (Fax)

(888) 866-4243 (Toll Free)

**Contributions:**

Any person receiving services shall have the opportunity to contribute towards the cost of the service. No eligible person shall be denied a service because of their inability and/or choice not to contribute.

**KEEP THIS FORM FOR YOUR RECORDS**

**Instructions about filling out the 2020 Consumer In-Home Services Assessment Form:**

This Consumer In-Home Services Assessment From needs to be filled out by the AAAs or their providers to gather the information required by the federal or state government to be entered into Colorado’s official data system (currently PeerPlace). In addition to register a client in PeerPlace, by entering date into the detailed consumer record, the rest of the required information needs to be entered into the assessment portion of PeerPlace.

(\*) Any fields with this prefix designate demographic data collected by the federal or state government to support the need for continued funding for the various programs. This data will be de-identified and used in aggregate form to compile statistical information. None of the data is sold to a third party and any personal information will only be used in an effort to better serve the client in providing him/her with services.

**There are some required fields you need to be aware of when entering the assessment into PeerPlace:**

* The Workflows or Service types listed below require an In-Home Services Assessment; it makes no difference if the service is provided via a voucher where the client chooses the provider or via a provider that contracts with the AAA.
* The field ‘Is the client’s income level below the national poverty level?’ is not on the form, but needs to be checked in the Financial section under Client Information in the In-Home Services Assessment when you enter the assessment into PeerPlace. Please check “Yes”, if the income is in the first income range in either the individual or household monthly income range question; mark “No” otherwise.
* ‘Is the client frail’, which is in the Other Eligibility Criteria section of the assessment. Please check ‘Yes’ if the client has more than two ADLs or needs supervision due to cognitive impairment.
* A client has to be homebound to qualify for home delivered meals.

Any fields which do not have the (\*) prefix are optional ,but help determine in what other ways we might be able to help the client and to get feed-back about which of our outreach programs are successful. Please try to obtain as much information as possible, since we can only help when we know that there is a need.

While we ask you to make an honest effort to gather this basic information, we cannot deny services to clients on the basis of them refusing to provide the requested information, since our programs are not means tested. Since our programs are specifically for the elderly, particularly for persons age 60 or over, the date of birth needs to be filled in. If the client refuses to provide his/her date of birth, please enter 01/01/1901. Then, indicate in the General Comments “client refused to provide DOB, so the default date was entered”.

This form must be used for clients receiving one or more of the service types under the following workflows. The clients have to be reassessed every six months (except for counseling and screening, the latter can be found under the Other workflow, for which the client needs to be assessed only once):

* Adult Day Care
* Case Management
* Chore
* Home Delivered Meals
* Home Health Aide
* Personal Care
* Service Type Screening under Other workflow (no reassessment required)

If you have any questions, please contact your local AAA office.