

Provider/Center: \_\_\_\_\_  
Consumer Name: \_\_\_\_\_  
Consumer ID: \_\_\_\_\_  
Date: \_\_\_\_\_

# TX-DADS CNE

## I. Functional Assessment

### I ADLs, IADLs & Other

**1. Do you have any problems taking a bath or shower?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**2. Can you dress yourself?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**3. Can you feed yourself?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**4. Can you groom yourself (Shave, brush your teeth, shampoo and comb your hair)?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**5. Do you have problems with incontinence (getting to the bathroom in time)?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**6. Do you have problems getting on or off the toilet or cleaning yourself after using the bathroom?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**7. Can you get in and out of your bed or chair?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**8. Are you able to walk without help?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**9. Can you clean your house (sweep, dust, wash dishes, vacuum)?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**10. Can you do your own laundry?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**11. Can you fix your meals?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**12. Can you do your own shopping?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**13. Can you take your own medicine?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**14. Can you trim your nails?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**15. Do you have any problems keeping your balance?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**16. Can you open jars, cans, bottles?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**17. Can you use the phone?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**18. Are you able to perform transportation on your own?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**19. Do you have any trouble managing your money?**

- 0 - None
- 1 - Mild
- 2 - Severe
- 3 - Total

**Daily Living Impairment Score**

**II. Mental Health**

**II Screening**

**20. 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?**

- 0 - No
- 1 - Yes

**III. Mental Health Assessment**

**III If "Yes" to Question 20, continue. If "No", skip to Part IV.**

**21. In the last two weeks, most of the day, nearly every day, have you had problems sleeping?**

- 0 - No
- 1 - Yes

**22. In the last two weeks, most of the day, nearly every day, have you lost the ability to enjoy things that once were fun?**

- 0 - No
- 1 - Yes

**23. In the last two weeks, most of the day, nearly every day, do you feel that you have little value as a person?**

- 0 - No
- 1 - Yes

**24. In the last two weeks, most of the day, nearly every day, have you had a significant change in your appetite?**

- 0 - No
- 1 - Yes

**Mental Health Score**

**IV. Cognition**

**IV.A. Self Evaluation**

**25. During the last 2 weeks, on how many days have you had trouble concentrating or making decisions?**

- 0 - Not at all
- 3 - Every day
- 2 - Frequently; more than a couple of times, but not every day
- 1 - Occasionally; a couple of times

**IV.B. Third Party Observation**

**26. Can the consumer make decisions independently?**

- 0 - The consumer makes consistent and reasonable decisions independently
- 1 - The consumer makes simple decisions without assistance
- 2 - The consumer makes poor decisions and needs cues/supervision for most decisions
- 3 - The consumer is severely impaired and rarely makes his/her own decisions

**27. Does the consumer appear to have short-term memory impairment?**

- 0 - No
- 1 - The consumer has some short-term memory problems
- 2 - Memory lapses resulting in frequently not performing tasks even with reminders
- 3 - Memory lapses resulting in inability to perform routine tasks on a daily basis

**Cognition Impairment Score**

**V. Assessment Scores**

**V Scores**

**Total TX CNE Impairment Score (Low = 0-19, Moderate = 20-39, Severe = 40+)**  
**\*Minimum score of 20 to be eligible for Home Delivered Meals.**

**Number of ADLs**

**Number of ADLs**

\_\_\_\_\_  
Title/Signature:

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

\_\_\_\_\_  
Title/Signature:

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



**Area Agency on Aging of Dallas County**

**Client Rights & Responsibilities and Release of Information for Older Americans Act Programs**

The Area Agency on Aging of Dallas welcomes you to our programs, made available to you through the Older Americans Act of 1965. These programs and a variety of 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 people who age 60 or older, their family members, and other caregivers. Our goal is to help older people lead independent, meaningful and dignified lives in their own homes and communities as long as possible. Our program supports that goal by providing limited support services and by assisting you in finding answers when you want help. Your 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.

**Release of Information:**

Information we gather through an intake or through an assessment may be shared to plan, arrange and deliver services to meet your individual client needs. The information collected is required by your local service provider, the Area Agency on Aging (AAA), and the Texas Department of Aging and Disability Services. All of your information will be kept confidential and guarded against unofficial use.

**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
Dallas County Dept. of Health and Human	Dallas Area Agency on Aging
Services/ Older Adult Services Program	1341 W. Mockingbird Ln., Ste 1000W
2377 N. Stemmons Freeway, 2 <sup>nd</sup> Floor	Dallas, TX 75247
Dallas, TX 75207-2710	Phone: (214) 871-5065
Phone: (214) 819-1860	Fax: (214) 871-7442
Fax: (214) 819-1866	

4. You have the right to participate in the development of a care plan to address unmet needs (If Applicable).
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 (If Applicable).
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 (If Applicable).
7. You have the right to be informed of any change in service(s).
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 you are unable or choose not to make a contribution. All contributions are confidential and are used only to expand or enhance the service(s) for which a contribution was 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 you will not be using services.
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.

**DALLAS COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 OLDER ADULT SERVICES PROGRAM  
 RELEASE OF RESPONSIBILITY  
 PLEASE READ CAREFULLY**

To be signed by the participant or a responsible adult member of the household before the participant engages in any trips or activities.

This release is in reference to all trips and activities participant will be engaged in along with other participants enrolled in the Dallas County Older Adult Services Program. In consideration of participant being permitted to make such trips and take part in such activities and the benefits participant will receive by reason thereof, I hereby relieve and release the County of Dallas, Participating Agencies, and Sponsoring Groups, together with all those persons assisting with any phase of such trips and activities, from any and all liability, responsibilities for making such trips and activities, and hereby release all of said parties from all liability by reason of any accident or injury suffered by participant while on said trip, or participating in such activities, and I agree and hold all of said parties harmless from all claims hereafter made by or asserted on behalf of said participant.

\_\_\_\_\_

Print Client Name

\_\_\_\_\_

Date

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

\_\_\_\_\_

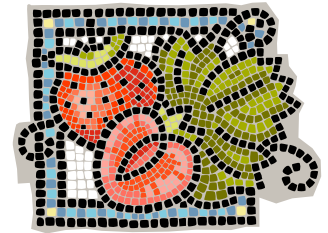
Witness Signature

\_\_\_\_\_

Date



Proveedor o centro: \_\_\_\_\_  
 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.***

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.

	<b>SÍ</b>
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.

Determine Your Nutritional Health: Nutritional Risk Assessment Nutrition Education Topics		
0) A Senior's Guide for Good Nutrition & Healthy Eating	4) I Drink Alcohol Almost Everyday	8) I Take 3 or More Medications Each Day
1) I Have an Illness or Condition that Changes How I Eat	5) I Have Tooth or Mouth Problems	9a) I've Lost Weight
2) I Eat Fewer than Two Meals Per Day	6) Paying for Groceries Can be a	9b) I've Gained Weight
3) My Diet is Low in Fruit, Vegetables or Dairy Products	7) I Eat Alone Most of the Time	10) Shopping, Cooking & Eating Can Be a Problem

**Nutrition Education was provided at least 15 minutes to client on Topic # \_\_\_\_\_**

\_\_\_\_\_  
**Client Signature (Firma)**

\_\_\_\_\_  
**Staff/Presenter Signature**

**The Nutrition Screening Initiative • 1010 Wisconsin Avenue, NW • Suite 800 • Washington, DC 20007**  
 The Nutrition Screening Initiative is funded in part by a grant from Ross Products Division of Abbott Laboratories, Inc.



**DALLAS COUNTY**  
HEALTH AND HUMAN SERVICES  
Older Adult Services Program

The Dallas Area Agency on Aging endorses the following guidelines to provide a safe, comfortable, and pleasant environment for all individuals in the senior centers.

**EXPECTATIONS**

Participants are responsible for care of their basic physical needs and will conduct themselves in such a manner where they are not injurious to self, to others, destructive to property or disruptive to the center.

**CODE OF CONDUCT**

- I. Profanity, physical threat, and physical or verbal abuse towards staff and other participants will not be permitted.
- II. Alcohol, drugs and weapons will not be allowed on the premises.
- III. Theft of center property or property of participants will be treated as a criminal offense.
- IV. Soliciting for personal gain or on behalf of any non-related entity (i.e., church, club, etc.) is prohibited.
- V. Foods served to participants may not be taken from the center with the exception of cake, cookies, breads, rolls and fresh fruit.
- VI. Proper hygiene and cleanliness is encouraged.

I have read and understand this document.

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**Client Signature**

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**Date**

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**Signature of Witness (Center Staff)**

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**Date**