

# Vision Voucher Intake Form

Welcome! Please tell us a bit about yourself so we can offer services that best meet your needs. We ask for demographic information to meet requirements from our funders. All your personal information is confidential. Please see the attached FAQs for more information and guidance on filling out this form.

**Contact & Demographic Information:**

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address Line 1:** \_\_\_\_\_

Line 2 (Apt/Unit/Floor #): \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

**Mailing Address Line 1:** \_\_\_\_\_

Line 2 (Apt/Unit/Floor #): \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

**Location Comments** (additional directions for home or mailing address): \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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

**Gender:**  Male  Female  Non-Binary/Third Gender

**Identify as:**  Transgender  Cisgender (identify with your gender from birth)

Gender not listed: \_\_\_\_\_

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino

**Race, select all that apply:**

- American Indian or Alaska Native  Middle Eastern or North African
- Asian or Asian American  Native Hawaiian or Pacific Islander
- Black or African American  White

Race not listed: \_\_\_\_\_

**Do you live:**  Alone  With Others

**Number of people in your household** (including you): \_\_\_\_\_

**Is your income above or below the amount listed for your household size:**

Above  At/Below

Household Size	Monthly Income	Annual Income
1	\$1,215.00	\$14,580.00
2	\$1,643.00	\$19,720.00
3	\$2,072.00	\$24,860.00
For each additional person, add \$5,140 to annual income		

## Communication & Service Needs:

### Health Insurance (select all that apply):

Medicare  Medicare Advantage  Medicaid  Medicaid Waiver  
 None  Other: \_\_\_\_\_

Are you interested in learning about nutrition and a healthy diet?  Yes  No

Would you like to hear about other services?  Yes  No

If yes, how can we contact you?  Email  Mail  Phone

What services are you interested in? \_\_\_\_\_

## Emergency Contact:

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Disclosures and Waivers

*I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service provider and I herewith give my consent to do so.*

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

### **For Office Use Only –**

*(If filled out by assessor or via phone, please have assessor check here and sign below )*

Filled Out By: \_\_\_\_\_ Date: \_\_\_\_\_



INFORMATION | RESOURCES | ADVOCACY

PO Box 2308  
Silverthorne, CO 80498  
p:970.468.0295

YOURVINTAGE.ORG

## **Voucher-Vision Form**

### **What do you feel are your vision needs?**

*(Check all that apply)*

Regular Eye Examination

Low-Vision Specialist Appointment

Corrective Eyewear (glasses, contacts, etc.)

Other:

### **Do you have:** *(Check all that apply)*

Medicare Advantage Plan with Vision Coverage

Private Vision Insurance

Other

## Vintage Consumer Directed Voucher Program Waiver & Release Form

I, \_\_\_\_\_, verify that I have received the following information for the Consumer Directed Voucher Program.

### I understand...

- I am responsible for selecting my provider(s) for services. Neither Vintage nor the Northwest Colorado Council of Governments is the employer of record for these services.
- Vintage is not responsible for conducting a criminal background check on the service provider(s).
- I am responsible for identifying the services to be performed by my service provider(s).
- Reimbursement will be made directly to my chosen service provider(s).
- In order to verify the service was received, my provider(s) or I will need to supply Vintage with an invoice that includes my name, date of service, service provided, provider name, and contact information.

The Applicant recognizes and agrees that Vintage, the Northwest Colorado Council of Governments and all other agencies participating in this program are providing no direct or indirect services; and, the applicant shall hold harmless and indemnify these agencies for any damages or liabilities it incurs arising from this agreement. Completion of this application does not guarantee delivery of services.

\_\_\_\_\_  
Signature of Program Participant

\_\_\_\_\_  
Date

NOTE: This form must be signed and on file with Vintage before Vintage can process payment for any vouchers.

Please send this completed form to: **PO Box 2308 Silverthorne, CO 80498**

## Client Information and FAQs Sheet

We are so glad you found us! Please keep this information for your records.

### Area Agency on Aging Information:

Your local Area Agency on Aging: Vintage – [www.yourvintage.org](http://www.yourvintage.org)

### What is an Area Agency on Aging?

We're glad you asked! The Area Agency on Aging (AAA) is a regional agency that is designated by the state to administer federal, state, and local funding to meet the needs of older adults in their community. The AAA provides programs and services to older adults and caregivers directly and through contracts with community provider agencies. AAAs also serve as advocates for older adults.

### Service Information:

The service you are requesting is funded through the Older Americans Act (OAA) and/or Older Coloradans Act (OCA) funding. This federal and state funding helps older adults, 60+, remain in their homes and communities of choice. Requests for services are processed as funds allow. We can provide you with referrals to other resources in your area, but we will not reach out to them without your permission.

### What is the purpose of this form?

We ask you to fill-in this form for several reasons:

- To help us learn about you so we can offer services that best meet your needs
- To help us understand the needs of older adults in our community
- To help us show the need for funding our programs
- To help us meet reporting requirements from our funders

Taxpayer money funds these programs. We must prove that the funding only serves eligible clients and targets older adults and caregivers most in need of services. This paperwork helps us meet that level of accountability. Income information is not used to determine your eligibility for services. Income and other demographic information (e.g. gender, race, ethnicity) are collected for anonymous demographic reporting purposes. None of your personal information, such as your name or date of birth is disclosed in reporting. You can refuse to provide any of the information requested on the form.

### What happens with my information?

We enter your information into a secure state database. As you receive services, we record the services you received in the database. This helps us prove how we spent the funding. The database is secured to the standards outlined in Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH). This means your data remains safe and confidential.

### Will you sell my information?

No. We will never sell your information.

## How do I provide feedback?

We love hearing how we can improve. Contact your service provider or your local Area Agency on Aging at **970-468-0295** or [yourvintage@nwccog.org](mailto:yourvintage@nwccog.org). Because we value your input, we may at times send you a survey to ask for your feedback.

## How do I file a complaint, grievance, or appeal?

Complaint/Grievance/Appeal Procedure:

You have the right to file a complaint or grievance with the organization asking you to fill out this form. If you are not satisfied with the organization's decision, you can appeal the decision to your local Area Agency on Aging (AAA), and/or the State Unit on Aging (SUA). The complete Complaint/Grievance/Appeal Procedures are available upon request by contacting your local AAA and/or the SUA as follows:

<p><b>Vintage</b> PO Box 2308 Silverthorne, CO 80498 970-468-0295 <a href="mailto:yourvintage@nwccog.org">yourvintage@nwccog.org</a></p>	<p><b>Colorado Department of Human Services, State Unit on Aging</b> 1575 Sherman Street, 10<sup>th</sup> Floor Denver, CO 80203 303.866.2800</p>
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## Can I make a donation?

We accept donations and gifts to contribute towards the cost of services and to support our efforts. Every dollar we receive goes back into the programs and services. Donations are voluntary and are not required to receive services.

You can send to donations to Northwest Colorado Council of Governments, PO Box 2308, Silverthorne CO 80498. **Please make checks payable to NWCCOG.**

## What other resources are available?

Feel free to reach out to your Area Agency on Aging to get more information about the services available in your region. We love to help!

**Services available in our region include:** *Case Management, In-home Services Voucher, Congregate & Home Delivered Meals, Medicare Counseling, Falls Prevention, Information Resources, Legal Assistance, Dental & Vision Voucher, Nutrition Counseling & Education, Transportation, Reassurance Calls, Caregiver Services, Long Term Care Ombudsman, Elder Abuse Prevention Information.*

**AAA Contact Information for services:** [www.yourvintage.org](http://www.yourvintage.org) / 970-468-0295

You can also call the statewide Aging and Disability Resources for Colorado (ADRC) for information about resources in your area: 1-844-COL-ADRC / 1-844-265-2372

**Zero tolerance for elder abuse:** Report abuse to your County Adult Protection Services

## How can I help?

We couldn't meet the needs of older adults in our communities without the amazing help from volunteers and members of our Regional Advisory Councils. Reach out to either your provider or your AAA to see how you can help make a difference in the lives of older adults in our community.