Direct Care Service Criteria

AOS & Friends Care (AOS&FC) is a not-for-profit organization that provides funds to support the direct care needs of financially qualified individuals. Our mission is to provide direct care and community support with a focus in Moore County to older and disabled adults dealing with the challenges of aging, with a specific interest in those with some form of dementia. Applicants must submit an application and be approved by the AOS&FC board of directors.

Direct Care Services may include:

- **Assessment of needs:** A written evaluation and assessment of needs identified between client and certified care manager*.
- **Care Coordination:** The coordination of care services in the community to help meet identified needs, this may include equipment or devices to support safety and enable independence.
- **Placement Assistance:** Identify resources, level or care and placement options for those who are not able to remain safely in the home.
- **Caregiver support** through credentialed caregivers who provide private-duty caregiving services in the home.
- **Equipment, devices, and therapeutic aids** as deemed beneficial in the written assessment

Parameters for AOS & Friends Care direct service support include:

- Recipient must be 50 years of age or older.
- Recipient may receive maximum funding support up to $1000, depending on assessed need.
- Preference will be given to first time applicants, not currently utilizing care management services.
- Preference will be given to those not eligible for funding through other resources (such as social services).
- Preference will be given to those residing in Moore County.
- Financial qualification for services will be based on monthly income.

All interested applicants must submit an application and be available for interview. Additional paperwork and permissions may be required based upon the type of direct care support for which the applicant is applying.

Please note all care managers must be certified to be considered as a provider. All direct caregivers must pass a multi-state background check and carry professional liability insurance or be covered through an employer workers compensation policy.

230 N Bennett St, Ste 2
Southern Pines, NC 28387

910.585.6757
info@aosfcare.com

Direct Care Service Support Application

Direct Care Applicant Name:_____
First MI Last

Name of Person Completing Application if different:_____

Relationship to Applicant:_____

Home Address:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____ County of Residence:_____

Home Phone Number:_____ Mobile:_____

Date of Birth:_____ Social Security Number:_____

Marital Status: □ Married □ Widowed □ Divorced □ Single Gender: □ Male □ Female

Live Alone? □ Yes □ No If No, with whom:_____

Lives in: □ Own Residence □ Family Member's Residence □ Other_____

Direct Care Services Requested (Check all that apply): □ Care Coordination □ Assessment

□ Placement Assistance □ Caregiver Services □ Other_____

Primary Diagnosis or presenting problem:

_____

_____

Please tell us how applicant will benefit from these direct care services (May attach additional sheets if more space is required):_____

_____

MONTHLY HOUSEHOLD INCOME

Source of Income	Recipient	Spouse	Other	Subtotal
Social Security				
Pension				
Wages				
Other				

Total_____

I do hereby attest to the correctness and accurateness of the above information. I am prepared to provide documentation to support the above information.

Applicant/Family Member/Caregiver Signature (required): Date:_____

Other (if application is completed on behalf of applicant): Date:_____

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Direct Care Service Application Review

Direct Care Applicant Name:_____
First MI Last

Person Reviewing Application:_____ Date:_____

Service Requested:_____

Service Provider (if requested):_____

Stated monthly income:_____

Monthly Income Requirements: Individual: **Below $3,500 per month**
Couple: **Below $4,000 per month**

Applicant meets AOS&FC Income Qualifications ☐ Yes ☐ No

Applicant has Special Circumstances listed below:

Direct Care Service Support is: ☐ APPROVED in the amount of $_____
☐ DENIED due to :_____

Applicant Notification

Date:_____ Date Services to Begin (if approved):_____

Provider:_____

Approved by the AOSF&C Board _____
Date

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