

Golden Circle Outreach Services Referral Form

E-mail: info@goldencircle.ca

Fax: 403-343-7977

Client Information:

Name:		Date of Birth: (dd/mm/yyyy)	
Home Phone:		Cell Phone:	
Address:			
Gender:	Male	Female	Other
Living Arrangements (E.g: alone, with spouse/family, other, etc.)			

Reason for Referral (choose all that apply):

<input type="checkbox"/>	Financial (E.g.: assistance with applications, accessing subsidy, financial review to ensure benefits are maximized, income tax)		
<input type="checkbox"/>	Food Security (E.g.: grocery delivery, frozen meals, meals on wheels, escorted shopping)		
<input type="checkbox"/>	Transportation (E.g.: access to different transportation options, funding options for long distances)		
<input type="checkbox"/>	Home Maintenance (Eg.: Housekeeping, Yard care, Snow removal, Handyman connection)		
<input type="checkbox"/>	Housing (Explore alternate housing options to fit the need of the person)		
<input type="checkbox"/>	Health (E.g.: Homecare connection/referral, medication/equipment coverage, access)		
<input type="checkbox"/>	Mental Health (E.g.: connection to Seniors Mental Health Outreach, connection to counselling/grief supports)		
<input type="checkbox"/>	Social Supports (E.g.: explore community groups, clubs, programs to address social need)		
<input type="checkbox"/>	Other (provide details)		
Is the individual aware of the referral?		Y	N
Has verbal consent been given?		Y	N

Referrer's Information:

Name:		Clinic/Agency :	
Date:		Phone:	
E-mail:		Fax:	