



SENIORS COMMUNITY SUPPORT PROGRAMS
REFERRAL FORM
(Social & Congregate Dining, Day Program, Assisted Living Services)

Referred by:
Organization name and address:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Date of Referral: \_\_\_\_\_
Referral Contact:
Name: \_\_\_\_\_
Phone #: \_\_\_\_\_
Fax #: \_\_\_\_\_

Client Information:

Client name: \_\_\_\_\_ DOB: \_\_\_\_\_ HC# \_\_\_\_\_
Marital
Address: \_\_\_\_\_ Status \_\_\_\_\_ Gender: M [ ] F [ ]
Other [ ]
Phone: \_\_\_\_\_ Language at birth: \_\_\_\_\_
Present language(s) of communication: \_\_\_\_\_

Aboriginal origin: Y [ ] N [ ] U/K [ ]
Veteran: Y [ ] N [ ] U/K [ ]
Cultural Needs: Y [ ] N [ ] U/K [ ] specify \_\_\_\_\_
Spiritual Needs: Y [ ] N [ ] U/K [ ] specify \_\_\_\_\_

Is this person Capable for:
Personal Care/Treatment: Y [ ] N [ ] U/K [ ]
Property: Y [ ] N [ ] U/K [ ]

Contact Person
(Name and relationship)
(Address)
(Telephone)

Alternate Contact Person:
(Name)
(Address)
(Telephone)
(Relationship)

Are there any outstanding legal issues? (Please elaborate) \_\_\_\_\_
\_\_\_\_\_

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**History of Hospitalizations:**

# of in-patient admissions within past year? \_\_\_\_\_

# of ER visits within past year? \_\_\_\_\_

Diagnoses: \_\_\_\_\_  
\_\_\_\_\_

**Family Physician/Psychiatrist:**

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address) (Telephone)

**Medications: (Prescribed):**

**Allergies:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTC: Y  N  U/K  \_\_\_\_\_  
Herbal: Y  N  U/K  \_\_\_\_\_

**Reason for Referral :**

<p><b><u>Program requested:</u></b></p> <p><input type="checkbox"/> Social and Congregate Dining  <input type="checkbox"/> Day Programming  <input type="checkbox"/> Assisted Living Service</p> <p><b><u>Additional services Requested:</u></b></p> <p><input type="checkbox"/> Medication/chronic disease monitoring  <input type="checkbox"/> Culturally specific social integration</p> <p>_____ _____ _____</p>	<p><b><u>Areas of concern:</u></b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Falls  <input type="checkbox"/> Caregiver burnout  <input type="checkbox"/> Disease management  <input type="checkbox"/> Substance Use  <input type="checkbox"/> Safety in Home  <input type="checkbox"/> Medication management  <input type="checkbox"/> Social Isolation/activation  <input type="checkbox"/> Behavioural changes  <input type="checkbox"/> Pets </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Financial  <input type="checkbox"/> Nutrition  <input type="checkbox"/> Neglect  <input type="checkbox"/> Housekeeping  <input type="checkbox"/> Memory changes  <input type="checkbox"/> Loss  <input type="checkbox"/> Health Teaching </td> </tr> </table> <p>_____ _____ _____</p>	<input type="checkbox"/> Falls <input type="checkbox"/> Caregiver burnout <input type="checkbox"/> Disease management <input type="checkbox"/> Substance Use <input type="checkbox"/> Safety in Home <input type="checkbox"/> Medication management <input type="checkbox"/> Social Isolation/activation <input type="checkbox"/> Behavioural changes <input type="checkbox"/> Pets	<input type="checkbox"/> Financial <input type="checkbox"/> Nutrition <input type="checkbox"/> Neglect <input type="checkbox"/> Housekeeping <input type="checkbox"/> Memory changes <input type="checkbox"/> Loss <input type="checkbox"/> Health Teaching
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**Formal Supports/Services Involved:**

- |                                      |                                      |                                  |  |
|--------------------------------------|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> CCAC        | <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Day Out | <input type="checkbox"/> Private Homemaker |
| <input type="checkbox"/> CMHA        | <input type="checkbox"/> MHCP        | <input type="checkbox"/> CLH     |  |
| <input type="checkbox"/> CNIB        | <input type="checkbox"/> Respite     | <input type="checkbox"/> Rehab   | <input type="checkbox"/> Wendat            |
| <input type="checkbox"/> Other _____ |                                      |                                  |  |
- 

**Informal Supports Involved:**

- |                                      |                                  |                                    |                                     |
|--------------------------------------|----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Family      | <input type="checkbox"/> Friends | <input type="checkbox"/> Neighbors | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> Other _____ |                                  |                                    |                                     |
- 

**Present accommodation:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Private house/apt | <input type="checkbox"/> Retirement Home | <input type="checkbox"/> Long Term Care     |
| <input type="checkbox"/> HSC               | <input type="checkbox"/> Ontario Housing | <input type="checkbox"/> Supportive Housing |
| <input type="checkbox"/> Group Home        | <input type="checkbox"/> Psych Hosp      | <input type="checkbox"/> Chronic Care       |
| <input type="checkbox"/> General Hosp      | <input type="checkbox"/> Homeless        | <input type="checkbox"/> Hostel/Shelter     |
| <input type="checkbox"/> Other _____       |  |   |
- 

**Living Arrangement:**

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Alone    | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Spouse/Partner and Others |
| <input type="checkbox"/> Children | <input type="checkbox"/> Relatives      | <input type="checkbox"/> Non-Relatives             |

**Highest level of Education attained:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No formal Schooling                   | <input type="checkbox"/> Some Elementary/Junior High | <input type="checkbox"/> Elementary/Junior High  |
| <input type="checkbox"/> Some Secondary/High School            | <input type="checkbox"/> Secondary/High School       | <input type="checkbox"/> Some College/University |
| <input type="checkbox"/> Community College                     | <input type="checkbox"/> University                  | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Unknown or Service Recipient Declined |  |  |

**Primary Income Sources:**

- |                                      |  |  |  |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> OAS Pension | <input type="checkbox"/> OAS Supplement                        | <input type="checkbox"/> CPP                 | <input type="checkbox"/> Disability Assistance |
| <input type="checkbox"/> Family      | <input type="checkbox"/> ODSP                                  | <input type="checkbox"/> No Source of Income |  |
| <input type="checkbox"/> Other       | <input type="checkbox"/> Unknown or Service Recipient Declined |  |  |

Is the person aware of this referral?  Y  N  U/K \_\_\_\_\_

Has consent been obtained?  Y  N  U/K \_\_\_\_\_

**Please forward the completed application to:  
Program Supervisor, Seniors Community Support Programs  
Wendat Community Programs  
44 Dufferin St. Penetanguishene ON L9M 1H4  
FAX: (705) 355-1026  
WEBSITE : [www.wendatprograms.com](http://www.wendatprograms.com)  
Monday to Friday 9AM - 5PM at 705-355-1022 Ext: 226**