

## **RERRAL FORM**

**Date of Referral:** \_\_\_\_\_

### **Client Contact Information**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Client Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Client's Contact's Information (if relevant) \_\_\_\_\_

### **Reason for Referral**

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

**Special Instructions** (if applicable) \_\_\_\_\_  
\_\_\_\_\_

### **AVAILABLE CSS PROGRAMS**

#### **Senior Safekeeping**

- ☐ Friendly Visiting
- ☐ Stay on Your Feet Exercise Programs
- ☐ CSS Activities (ie. movie night)
- ☐ Crock Pot Classes (\$)
- ☐ Fruits & Veggies Program (\$)
- ☐ Grocery Shopping Assistance (\$)

#### **Transportation**

- ☐ Medical
- ☐ Social
- ☐ Wheelchair
- ☐ Healthy Aging
- ☐ Shopping (\$)

#### **Diners' Club**

- ☐ Diners' Club (\$)
- ☐ Lunch and Learn (\$)
- ☐ Lunch and Fun (\$)

#### **Meals on Wheels**

- ☐ Hot meals delivered (\$)
- ☐ Frozen Meals (delivered) (\$)

### **REFERRING PERSON / ORGANIZATION INFORMATION**

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

**Organization / Title:** \_\_\_\_\_  
**Telephone / ext:** \_\_\_\_\_

I understand that this information is being shared with Community Support Services and is provided in strict confidence to facilitate a referral to one or more CSS programs. The information is being shared with my consent which is voluntary. I understand why I have been asked to disclose my identifying information and know I may revoke this consent at any time.

**Client's Signature:** \_\_\_\_\_

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

#### **Emails**

Seniors Safekeeping: [vstanley@belvedereheights.com](mailto:vstanley@belvedereheights.com)  
Friendly Visiting: [ccunningham@belvedereheights.com](mailto:ccunningham@belvedereheights.com)  
Transportation: [aholloway@belvedereheightsc.com](mailto:aholloway@belvedereheightsc.com)  
Meals on Wheels: [glefevre@belvedereheights.com](mailto:glefevre@belvedereheights.com) or Program Director: [ltaylor@belvedereheights.com](mailto:ltaylor@belvedereheights.com)