

## CLIENT REFERRAL FORM (Renfrew Collingwood Better at Home Program)

To be eligible for service, clients must be 55 or older and live in the Renfrew-Collingwood Neighbourhood. The fee for light housekeeping and yard work is \$18/hour and there is a minimum of a two hour charge. There is a waitlist to receive subsidized services. Subsidized rates are based on income. Please send completed referral forms to ahofmarks@cnh.bc.ca

REFERRAL INFORMATION		
Date of Referral:	Telephone:	
Name of staff member and Agency:	Email:	
CLIENT INFORMATION		
Last Name/Family name:	First Name/Given name:	
Prefers to be known as:	Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	
Date of Birth: _____ / _____ / _____ <span style="margin-left: 40px;"><i>Month Day Year</i></span>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Or please specify: _____	
Address: _____ City: <u> VANCOUVER </u> Postal Code: _____		
Phone (s) : Home:	Cell:	Email:
Preferred time of contact:	Preferred method of contact:	Living Situation: <input type="checkbox"/> Living Alone <input type="checkbox"/> NOT Living Alone <input type="checkbox"/> Unknown
<b>Languages Spoken:</b> Primary:	Secondary:	Does the person receive other home supports? <b>YES</b> , please comment below <b>NO</b>
<b>Sociocultural background:</b>		
<b>Physical Considerations:</b> <input type="checkbox"/> Uses a cane <span style="margin-left: 100px;"><input type="checkbox"/> Deaf/hard of hearing</span> <input type="checkbox"/> Uses a walker <span style="margin-left: 100px;"><input type="checkbox"/> Blind/visually impaired</span> <input type="checkbox"/> Uses a wheelchair <span style="margin-left: 100px;"><input type="checkbox"/> Other please specify _____</span>		
Any infestation in either the past or present? Rats   Cockroaches   Bed Bugs   Fleas   Other: _____		Does the household contain any pets? <input type="checkbox"/> Yes, please specify: _____ <input type="checkbox"/> No
Type of Service Requested:		
<input type="checkbox"/> Light Housekeeping <input type="checkbox"/> Transportation to appointments	<input type="checkbox"/> Light yardwork <input type="checkbox"/> Friendly Visiting	
<b>Notes/Comments:</b>   		