



Seniors Community Services Partnership

REFERRAL FORM

Fax: 403.320.2762

Seniors full name: _____ Phone: _____

Referral date: _____

Address: _____

PH #: _____ D.O.B.: _____

Marital Status: Single Married Divorced Widowed Separated

Canadian Citizen: Yes No

Significant other/main support: _____ Phone: _____

Referral source: _____ Phone: _____

Reason for referral:

- Financial (Examples: assistance with applications, financial assessment, arrears/collection concerns and budgeting)
- Resources & Referrals (Examples: location of and connection to funding, programming and items, basic needs – food, clothing)
- Health Supports (Examples: medication &/or equipment fee coverage, referral & connection to health care professionals)
- Social supports/integration (Example: seniors centre programming, warm hand off to other community professionals)
- Advanced Directives (Examples: education, information packages, legal referrals)
- Housing (Example: seniors housing application completion, exploration of most responsible options, tours, coordination of the actual move)
- Emotional (Example include: discussions focused on the development of positive coping strategies, to reduce situational/life transition/caregiver stress, or peer psycho-ed groups)
- Outreach (Accompaniment and involvement as needed to best support achievement of personal goals)

Summary of identified need:

Any risks or concerns:

- Yes _____
- No _____

Consent:

- Yes – verbal or written (attached agency consent) _____
- No _____

Inclusion criteria:

- City of Lethbridge
- Individuals from out of the area can be assisted over the phone or in person with any SCSP agency
- 60+ (individuals 55+ will be considered on an individual basis)
- Family/Community members seeking information about seniors resources

- Needs related to prevention and early intervention

Exclusion criteria:

- Individuals who are experiencing a crisis
- < 55-60 years of age
- Needs related to crisis intervention

