



500 - 11th Street South
Lethbridge, AB T1J 4G7

403-329-1544

All referrals are to be submitted
via email to intake@lethseniors.com

LSCO Community Connect Participant Referral Form

(formally known as the Keep in Touch Program)

* Required Please provide information regarding who is being referred to the Community Connect program.

PARTICIPANT INFORMATION

Name: (First & Last)* _____

Address:* _____

Alone Resides with others Who: _____

Phone Number:* _____

Language: English Other : _____

What is the primary reason for seeking support from the Community Connect program?*

Community Connect volunteers typically call once a week. Please select the best days and times to make the call. (Check all that apply.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (9 – 11 am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (2 – 4 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (6 – 8 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERRAL SOURCE

Name:* _____

Agency:* _____

Primary Phone Number:* _____

E-mail:* _____

What is the duration of time the Community Connect program is needed. (Mark only one box.)

Seasonal (3 – 4 months) 6 – 12 months