

Seniors System Navigator (SSN) Referral Form

Client information

Date: _____

Name: _____ Phone number: _____

Address: _____

AHC #: _____ DOB: _____

Marital status: _____ Warm hand off with referral source needed? Yes No

Informal support name & relationship: _____

Phone number: _____

Reasons for Referral

- Emotional (positive coping strategies, to reduce situational/life transition/caregiver stress, or peer psycho-ed groups)
- Financial (Assistance with applications, financial assessment, arrears/collection concerns and budgeting)
- Health Supports (Medication/equipment fee coverage, referral & connection to health care professionals)
- Housing (Senior's lodging/subsidized or self-contained, housing applications, tours, coordinating moves)
- In-Home Supports Coordination (Meals on Wheels, housekeeping, transportation)
- Outreach (Accompaniment and involvement as needed to best support achievement of personal goals)
- Resources & Referrals (connection to funding, programming, counselling, basic needs – food, clothing, legal supports)
- Social Supports & Integration (seniors centre programming, warm hand off to other community professionals)

Any risks for support workers? Yes No

If yes, please provide details:

A collaboration between:

Lethbridge Family Services, Lethbridge Senior Citizens Organization, & Nord-Bridge Seniors Centre

Referral Source Information

Referral source name: _____ Agency/medical clinic: _____

Phone number: _____ Email: _____ Fax: _____

Please provide details on the reason for the referral:

Consent received? This includes the older adult being aware their information will be entered into a database. Yes

If the client consents, would you like program summary updates on the progress of the file? Yes No

Please note, we are not a crisis service and do not accept referrals for adults under 55 years of age.

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