



Seniors Community Services Partnership

PROFESSIONAL REFERRAL FORM

E-mail: intake@lethseniors.com Fax: 403.320.2762

Warm hand off needed: _____

Seniors full name: _____ Phone: _____

Address: _____

AHC #: _____ D.O.B.: _____

Marital Status: Single Married Divorced Widowed Separated

Informal 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, counselling, basic needs – food, clothing, legal supports)
- 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)
- Housing – Seniors Lodging/Subsidized or Self Contained
(Example: support housing applications, tours, coordinating moves, facilitate referrals for long term homelessness supports)
- 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) _____

Inclusion criteria:

- City of Lethbridge
- 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

