

OUTREACH SERVICES | REFERRAL FORM

Date: _____

Individual has given consent to be referred to these services:

YES NO

PLEASE NOTE: THIS REFERRAL CANNOT BE PROCESSED WITHOUT CONSENT.

Name: _____ Date of birth: _____

Address: _____ Postal code: _____

Individual's yearly income: _____ Telephone: _____

Email: _____

Language(s) spoken: _____ Mobility aid(s): _____

Pets in the Home: YES NO

Smoking in the Home: YES NO

Lives independently in own home (rented or owned): YES NO

PLEASE NOTE: Individuals are not eligible for Outreach services if they live in assisted or supported living.

Is the individual connected to other supports in the community? eg. VIHA, Mustard Seed, SAFER etc.

Do you have any health conditions that impact your ability to live independently? eg. arthritis, heart conditions, recent falls, etc.

Mental health status/supports: eg. experiencing depression, isolation, seeing health professional for support, etc.

Form Cont'd on Reverse →



Better at Home is funded by the Government of British Columbia.

Please describe individual's cognitive ability to do the following:

Communicate effectively:

Cooperate with staff, volunteers, and service providers:

Consistently remember and follow simple written procedures for a program or service (eg. giving minimum one weeks' notice for a drive request):

Please check the services requested: (participant assessment required for all services)

- Outreach Services
- Volunteer Matching *
- Better at Home Light Housekeeping
- Volunteer Drive Program *

**Indicates services delivered by volunteers*

Please complete if you are referring on behalf of someone else:

Your Name: _____

Telephone: _____ Email: _____

Name of Organization/Position/Role: _____

Fax: (250) 388-7856 or email: askus@jbcp.bc.ca *This is a confidential document.*