



Intake and Referral Form

Service Area: Halton, Mississauga, and South Etobicoke

PH 905-844-0252 FAX 905-844-5656 www.links2care.ca

| | | | | | | | | | |
|--|--------------------------|-------|--------------------------|-------------|---|--------------------|--------------------------|--------------------------|--------------------------|
| Client Name | | Last | | | | First | | | |
| Date dd/mm/yyyy | | | | Health Card | | | | DOB dd/mm/yyyy | |
| Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Ms | <input type="checkbox"/> | Marital Status | | Married | <input type="checkbox"/> |
| | | | | | | Divorced | | <input type="checkbox"/> | Single |
| | | | | | | | | <input type="checkbox"/> | Widowed |
| Address | | | | | | Apt. | | Code | |
| City | | | | PR | | | | Postal Code | |
| Major Intersection | | | | | | | | | |
| Phone | | H | | C | | Email | | | |
| Referral Source | | | | | | Phone | | | |
| Referral Name | | | | | | Email | | | |
| Client is in agreement with referral to Links2Care and personal information being shared | | | | | | | | YES | <input type="checkbox"/> |
| | | | | | | | | NO | <input type="checkbox"/> |
| OHaH client | | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | OT Assessment Done | | YES | <input type="checkbox"/> |
| | | | | | | | | NO | <input type="checkbox"/> |
| Last interRAI CHA | | | | Maple Score | | ADL Score | | IADL Score | |
| dd/mm/yyyy | | | | | | | | | |
| POA with this client | | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Comments | | | |
| Preferred language(s) | | ENG | <input type="checkbox"/> | Other | | | | | |
| Housing | | House | <input type="checkbox"/> | Apt. | <input type="checkbox"/> | Residence | <input type="checkbox"/> | Bedbugs | YES |
| | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | NO |
| | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | Other |
| Family or Friend Support | | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Smoker | YES | <input type="checkbox"/> | NO |
| | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | Pets |
| | | | | | | | | | YES |
| | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | NO |
| | | | | | | | | | <input type="checkbox"/> |
| Relevant Medical Conditions & Allergies | | | | | | | | | |
| Check all programs/city required. Eligibility: Client must live in Service Area and be 65+ or have a proven disability | | | | | | | | | |
| <input type="checkbox"/> HOME HELP (Fee for service) Cleaning, laundry, meal preparation, grocery shopping Service Area: Halton Hills, Milton, Oakville, Burlington, Mississauga, S. Etobicoke | | | | | <input type="checkbox"/> HOME MAINTENANCE (Fee for service) Lawn & garden care and minor household repairs and jobs Service Area: Halton Hills, Milton, Oakville, Burlington, Mississauga, S. Etobicoke | | | | |
| <input type="checkbox"/> COMMUNITY NAVIGATION Support for those at risk due to a change in life situation Service Area: Halton Hills, Milton, Oakville, Burlington, Mississauga, S. Etobicoke | | | | | <input type="checkbox"/> BATHING Must have equipment (bars/seat) or be pre-assessed by OT Service Area: Halton Hills, Milton, Oakville, Mississauga, South Etobicoke | | | | |
| <input type="checkbox"/> FRIENDLY VISITING Volunteer visits one on one in client's home Service Area: Halton Hills, Milton, Oakville, Burlington | | | | | <input type="checkbox"/> MEALS PROGRAMS (Fee for service) Meals on Wheels/on Ice/to Meals, Congregate Dining Service Area: Halton Hills | | | | |
| <input type="checkbox"/> SHOP ASSIST volunteers deliver groceries to client home HALTON HILLS (Georgetown & Acton) | | | | | | | | | |
| NOTES | | | | | | | | | |