



Intake and Referral Form

Georgetown/Milton

905-873-6502
905-873-6195 (fax)

Oakville/Mississauga/Burlington

905-844-0252
905-844-5656 (fax)

Acton

519-853-3310
519-853-3530 (fax)

EAST OF CAWTHRA (MISSISSAUGA) Call STOREFRONT HUMBER with referrals 416-259-4207 416-259-4200 (fax)

Print or type in white areas only and check boxes where appropriate

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	<input type="checkbox"/>		
Address									Apt.		Code						
City						PR		Postal Code									
Major Intersection																	
Phone #		H				C		E-mail									
Referral Source						Phone #											
Referral name/title						E-mail											
Client is in agreement with referral to Links2Care and personal information being shared											YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
CCAC client		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	OT Assessment Done		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Date dd/mm/yyyy					
Last interRAI CHA							Maple Score				ADL Score		IADL Score				
Date 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																	
<p><i>Check all programs required. Eligibility: Client must live in Service Area and be 65+ or have a proven disability</i></p>																	
<input type="checkbox"/>		HOME HELP (Fee for service)				Light cleaning, laundry, meal preparation, grocery shopping				Service Area: HALTON and MISSISSAUGA		<input type="checkbox"/>		HOME MAINTENANCE (Fee for service)			
														Lawn care, snow removal, small household jobs			
														Service Area: HALTON and MISSISSAUGA			
<input type="checkbox"/>		BATHING				must have equipment (bars, seat) or be pre-assessed by OT				Service Area: HALTON HILLS, MILTON, OAKVILLE, and MISSISSAUGA		<input type="checkbox"/>		COMPANION RESPITE (Fee for service)			
														Relief for caregiver. No personal care			
														Service Area: HALTON HILLS, MILTON, OAKVILLE, and MISSISSAUGA			
<input type="checkbox"/>		MEALS PROGRAMS (Fee for service)				Meals on Wheels/on Ice/to Meals, Congregate Dining				Service Area: HALTON HILLS only		<input type="checkbox"/>		CLIENT INTERVENTION & ASSISTANCE			
														Support for those at risk due to a change in life situation			
														Service Area: HALTON and MISSISSAUGA			
<input type="checkbox"/>		SUPPORTIVE HOUSING				Please call for more information				Service Area: ACTON only		<input type="checkbox"/>		FRIENDLY VISITING			
														Volunteer visits one on one in client's home			
														Service Area: HALTON only			

Notes