

REFERRAL FORM

DATE: _____

Individual has given consent to be referred to these services: YES NO

Please note: This request cannot be processed without prior consent. Self-referrals are welcome.

Volunteer services may be available for eligible low income seniors or adults with disabilities who are living independently in the community. "Low income" as defined by Revenue Canada is someone whose income is below \$35,000 (individual) and below \$45,000

Individual's Name: _____

Address: _____ Postal Code: _____

Telephone: _____ Cellphone: _____

E-mail: _____ Date of Birth: _____

Lives Alone? YES NO Any health or safety concerns in the home? YES NO

If "Yes," please specify: _____

Health Concerns (including mental health issues):

Reason for referral:

Please complete this section if this is not a self-referral:

Your Name: _____

Telephone: _____ Email: _____

Name of Organization/Relationship to individual (if applicable): _____

Fax: 250-388 7856 or e-mail: askus@jbcp.bca. This is a confidential document.