



DATE: _____

REFERRAL FORM

Individual has given consent to be referred to the James Bay Community Project: YES NO

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

Volunteer services are available for low income seniors or adults with disabilities who are living independently in the James Bay area and at risk of isolation. "Low income" as defined by Revenue Canada is someone below \$30,000 (individual) and below \$40,000 (couple).

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 (Attn: Noriko) or e-mail: noka@jbcpc.bc.ca. This is a confidential document.