Nanaimo Family Life Association

Healthy individual and family relationships are the heart of a strong and resilient community.

BETTER AT HOME - REFERRAL FORM

Last Name: First Name:	Date of Referral: Referral Source: Phone Number:
Phone:	Email:
Gender: ___________ Pronouns: __________ DOB: ________________ (DD/MM/YYYY)	☐ Single ☐ Married ☐ Widowed ☐ Roommate Name of Cohabitant:______________________ DOB: ___________________ (DD/MM/YYYY)
Address:	Smoking: Yes ☐ No ☐ Pets: Yes ☐ No ☐
City: Postal Code:	Secondary Contact: Phone:
Client's Living Situations (ex. living alone in apartment):	Client aware of referral: Yes ☐ No ☐ Referral source POA?: Yes ☐ No ☐
Total Income (NOA Line 15000):	

Services Requested:	Reason for Referral:
☐ Transportation ☐ MEDICAL ☐ NON-Medical	☐ Limitations/Mobility ☐ Physical ☐ Cognitive Change
☐ **Light** Housekeeping	☐ Not Able to Drive
☐ Grocery Shopping	☐ Change in Health Status
☐ **Light** Yard Work (Gabriola/Ladysmith only)	☐ No Social Support
Office Use Only: ☐ Entered in database	☐ Low Income

Additional concerns/comments regarding needs/reason for service(s):

Proudly serving the Central Island Community since 1967. 1070 Townsite Road Nanaimo, BC V9S 1M6

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