taproot
Community Support Services

Referral Form

Community Access for People in Continuing Care

Referral Date: ______________________________

Person Referring: ______________________________ Phone: ______________________

Facility Contact (RT or SW): ______________________________ Phone: ______________________

Person Served Information

First Name:

Phone:

Facility Name:

Address:

Room #:

Date of Birth (YYYY/MM/DD): Sex: M ☐ F ☐ X (other) ☐

Language for Service: Other (please indicate)

Language Notes (if applicable):

Indigenous: Y ☐ N ☐ On Reserve: Y ☐ N ☐

Mobility aids required:

Description of disability/injury:

Background and risk factors (list only those things a care provider should be aware of or that may affect the person served's ability to go out in the community, such as medical needs, pain level, behaviours, dependencies, history of abuse/trauma, supervision requirements):

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Consent

Does this individual have a Guardian, Agent, Trustee, or Power of Attorney (Please indicate all that apply)? Y ☐ N ☐

Name	Relationship	Phone

Has permission been obtained from the person served, guardian/agent for this referral?

Y ☐ N ☐

Programming

What activities is the person served currently involved in?

Please select all that apply:

Access2 Entertainment ☐ Leisure Access Card ☐ DATS/Handibus ☐

If changes in the person served's health have interfered with their normal functioning or activities in the last three months, please describe below:

Does the person served currently receive support services from other government programs or organizations?

PDD ☐ MS Society ☐ Brain Care Centre ☐ Other ☐

Transportation

How does the person served access the community now? (check all that apply)

☐ With assistance from family/friends

☐ Independently

☐ Does not access the community

Transportation Details (check all that apply)

☐ Accessible public transit
☐ Adapted transit (DATS/Handivan)
Mandatory Attendant? Y ☐ N ☐
☐ Can transfer into vehicle
☐ Has their own accessible transportation

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CAC Use Only

☐ File Type

☐ New

☐ Re-Opened

☐ Transferred from other CAPCC Office