

Sahara Caregiver Support Program- External Referral Form

Please fax this form together with related consultation notes, recent lab results, and any screening tools completed (e.g. RAI) to 905-790-0802 or 1-855-326-7756

The day respite services under the caregivers support program are aimed to provide relief to the caregivers served under the program. In order to be eligible for the respite services, care receiver must have a Maple Score of 2 or 3 (higher MAPLE scores are served with Laundry, Light House Keeping and SORP Services under the program).

DATE OF REFERRAL: _____

REFERRAL SOURCE:

Staff Name:	Title and Organization:	Contact Information:
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CAREGIVER INFORMATION:

First Name:	Last Name:	Marital Status:
Address:	City and Postal Code:	Health Card No.:
Telephone No.:	D.O.B.: Age:	Female <input type="checkbox"/> Male <input type="checkbox"/>
Alternate Contact Name:	Telephone No.:	Relationship to Client:
Languages: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Urdu <input type="checkbox"/> Punjabi <input type="checkbox"/> Hindi <input type="checkbox"/> Other: _____		
Client lives with: <input type="checkbox"/> Spouse <input type="checkbox"/> Alone <input type="checkbox"/> Children <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____		
Has client been informed of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No		First contact should be: <input type="checkbox"/> Client <input type="checkbox"/> Family

CHECKLIST FOR CAREGIVERS:

Yes No **ADDITIONAL COMMENTS**

Is client the caregiver?			
Is caregiver receiving additional supports? (external community resources)			
Client provided consent for home visit?			



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CHECKLIST FOR CARE RECEIVER (SENIOR): ✓ Yes ✓ No **ADDITIONAL COMMENTS**

What is the age of the senior care receiver?			
Is care receiver getting additional supports? (external community resources)			
Inter-RAI-CHA attached?			
For day Respite Services: MAPLe Score: 2 or 3? For SORP Services: MAPLe Score above 3			

RESPITE SUPPORT NEEDS FOR THE CARE RECEIVER:

PLEASE INDICATE THE NEEDS OF THE CAREGIVER: