Nanaimo Family Life Association EST. 1967
Healthy individual and family relationships are the heart of a strong and resilient community.
Better at Home
United Way helping seniors remain independent.
1070 Townsite Road, Nanaimo, BC V9S 1M6 T: (250) 754-3331 F: (250) 753-0268 www.nflabc.org

Referral Form – Better at Home

Referral Information:		
Date:	Referral Source:	Phone Number:
Client aware of referral? ☐ Yes ☐ No	Referral source POA (Power of Attorney)? ☐ Yes ☐ No	

Services Requested:	
☐ Light Housekeeping	☐ Transportation/Shopping Assistance (Nanaimo only)
☐ Light Yard Work (Gabriola/Ladysmith only)	☐ Grocery Shopping Program (Nanaimo only)

Client Information		
Last Name:		First Name:
Gender:	Pronouns:	Date of Birth:
Cohabitant Last Name:		Cohabitant First Name:
Gender:	Pronouns:	Date of Birth:
Relationship: ☐ Spouse ☐ Common-Law ☐ Roommate ☐Other (please specify):		
Phone: ***Can we leave a voicemail at this phone number?*** ■ Yes ☐ No		Email:
Address:		
City:		Postal Code:
Client's living situation (ex. Living alone in apartment)		
Total Income (Notice of Assessment Line 15000):		
☐ Smoking/Vaping → In home? ☐ Yes ■ No		Pets? ☐ Yes ☐ No Number and Type _____ Behavior towards strangers at door?

Reasons for Referral:	
☐ Mobility/Physical Challenges ☐ Cognitive Change	☐ Not Able to Drive ☐ Low Income

Does the client identify as one of the following?

☐ Indigenous ☐ 2SLGBQTIA+

☐ Ethnocultural Minority (please specify) _____

☐ Living with a disability ☐ Recent Immigrant

☐ Isolated

- People who are important to the client (where are they located, how often do they see them, etc). This may include friends, family, neighbors, or clubs/communities they participate in (ie. Church, quilting.)
- Any caregiver involvement? Other services (ie. Home care, meals on wheels, etc.)
- During the past week how often have you felt lonely? How often do you feel you lack companionship?

How do they get their groceries? Do they have access to technology for groceries?

☐ Frail

- Do they struggle getting in and out of vehicles, bending down, or lifting objects?
- Use mobility aids?
- Have they experienced a fall and what was the outcome of that?

Additional Comments/Concerns:

Office Use Only	
Date client contacted:	Entered in database ☐
Notes:	