PEEL CHESHIRE HOMES (BRAMPTON) INC.
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Kaitlyn Madensky, Outreach Manager
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Attendant Outreach Services – Intake / Referral Form

I. Referral Contact Information:

Referral by: _____
(Social Worker, Self, Guardian, Hospital, Relative, Spouse etc ….)

Contact Number: **Extn:** **Date:**

II. Applicant's Information:

First Name: **Last Name**:

Gender: ☐ Male ☐ Female **Age**: _____ **Valid Health Card**: Yes / No

Current Address:

Disability:

Telephone #: **Language(s) Spoken**:

III. Applicants Eligibility (*Please check all that apply*)

1.	Is at least 16 years of age or older	
2.	Is insured under the Health Insurance Act of Ontario	
3.	Has a **permanent physical disability** and requires physical assistance with activities of daily Living in order to accomplish tasks safely and within a reasonable time	
4.	Is able to clearly direct their own personal support and homemaking services	
5.	Is able to have any medical/professional needs met by the existing community health network (e.g. Community care access centers) on a visitation basis	
6.	Is not able to have their needs met through current service providers	
7.	Is residing in PEEL Region	

IV. Service Request

☐ **Personal Care** ☐ **Light Housekeeping** ☐ **Laundry**

☐ **Meal Preparation** ☐ **Escort/Support Activities** ☐ **Others**

V. Current Sources of Service

No of Hrs per Week	Name of the Service Provider

VI. Is there anything we should know before coming for a home visit that could put an employee at risk? (e.g. pets, smoking, others)

Note: If the applicant does not meet ALL the eligibility criteria, <u>DO NOT FAX</u> this form