



Attendant Outreach Services – Intake / Referral Form

Referral Contact Information

Referral Name and Title:

_____ *(Social Worker, Self, Guardian, Hospital, Relative, Spouse etc.)*

Telephone Number:

Ext:

Date:

Email Address *(to confirm receipt of referral):*

Applicant Information

First Name:

Last Name:

Sex:

male

female

other

Age:

Valid Health Card:

yes

no

Current Address:

Street and Unit #:

Postal Code:

Street Name: _____

City: _____

Description of Physical Diagnosis *(or diagnoses):*

Telephone Number:

Language(s) Spoken:

Applicant Eligibility

(Please check all that apply)

1.	Applicant is at least 16 years of age or older.	
2.	Applicant is insured under the Health Insurance Act of Ontario.	
3.	Applicant 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.	Applicant requires assistance with personal care (e.g. bathing, continence care, grooming, dressing, etc.).	
5.	Applicant can clearly direct their own personal support and homemaking services.	
6.	Applicant 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.	
7.	Applicant is not able to have their needs met through current service providers.	
8.	Applicant is residing in BRAMPTON , Ontario.	



PEEL CHESHIRE HOMES (BRAMPTON) INC.
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Sydney Thibault, Outreach Manager
 Tel Number: (905) 450-8495
 Fax Number: (905) 450-7457

Service Request *(please note: personal care is required for eligibility)*

Personal Care
 Light Housekeeping
 Laundry
 Meal Preparation
 Other *(please list):*

Preferred Service Time
(please note: service is 2 days/week for a duration of 1.5 hours in either the AM or PM window Monday-Saturday; preference is not guaranteed)

AM *(8:00am – 4:00pm)*
 PM *(1:00pm-9:00pm/2:00pm-10:00pm)*
 No Preference

Current Sources of Service

Number of Hours/Week:	Type of Service <i>(nursing, PSW, etc.)</i>	Name of Service Provider:

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

Next Steps: An email confirmation will be sent to the referral source indicating whether the applicant is eligible, ineligible, or whether more information is required within 7 days of receipt of the referral. The applicant will be mailed a letter indicating eligibility or ineligibility and placed on our waitlist if applicable within 7 days of receipt of the referral.

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