



United Way helping seniors remain independent.

# Better at Home Referral Form

## Client Information

Referred by:  self  family/friend  physician/nurse  Fraser health  host organization  other  
 bc211  advertisement  community-based agency  unknown

Date:

Name:

Phone #:

Date of Birth:

Marital status:

Address:

Postal Code:

Mailing address if different than above:

Living arrangement:  alone  with spouse  with family/friend  other (specify)  unknown

Other applicant name:

Date of Birth:

Services requested:

housekeeping  laundry  friendly visitor  friendly phone  
 transportation  meal plan (limited program)

Once this form is submitted to the Better at Home program coordinator, the coordinator will contact you to proceed with the approval and registration process.

## Consent

I hereby consent to release the above personal information to Agassiz-Harrison Community Services Society and the Better at Home program.

Client signature:

Date:

Client signature:

Date: