The Salvation Army Edmonton Centre of Hope

Stabilization Housing Program Referral Form

Date received:	Reviewed by:	On waitlist?: Yes ☐ No ☐	Intake Date:	Bed #:

Personal Information

Name:	**Date of Birth:**
Treatment/Housing Intake Date:	**Estimated Discharge Date:**
Type of Funding: AB Works ☐ AISH ☐	
Other ☐	**Funding File Number:**
Identifies as male: Yes ☐ No ☐	
Contact number or email:	
Alberta Health #:	**Other Provincial Health Care #:**
Communicable disease? Yes ☐ No ☐	**Type?**
Identifies as Aboriginal/First Nations, Inuit, Metis: Yes ☐ No ☐	**Where are you from?**
Status? Yes ☐ No ☐	**Status #:**

Primary Care Physician Name and Contact #:

Reason for Referral to the Stabilization Program:

Goal(s) participant is hoping to achieve by accessing this program:

Referral Agent Information:

Name:

Role/Title:

Will you continue to support this person after they complete the program? Yes ☐ No ☐

I will no longer support this person after intake to this program? Yes ☐ No ☐

Health Concerns/Medications of Note/ Medical Notes:

Medications * Please have participant prepared with paper prescriptions for at least 30 days of currently prescribed medications.* * Please send any medications with participant in blister type packaging.

1 Name:	**Reason:**	**How long have they been prescribed this?**
2 Name:	**Reason:**	**How long have they been prescribed this?**
3 Name:	**Reason:**	**How long have they been prescribed this?**
4 Name:	**Reason:**	**How long have they been prescribed this?**
5 Name:	**Reason:**	**How long have they been prescribed this?**
6 Name:	**Reason:**	**How long have they been prescribed this?**
7 Name:	**Reason:**	**How long have they been prescribed this?**
8 Name:	**Reason:**	**How long have they been prescribed this?**
9 Name:	**Reason:**	**How long have they been prescribed this?**
10 Name:	**Reason:**	**How long have they been prescribed this?**

Prescription Coverage Type: AB Works ☐ AISH ☐ Employment ☐ Self Pay ☐

Mental Health Concerns/Diagnosis:

Further knowledge that will support the staff in providing the best outcome for this Participant: