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:**

hûKŜNJY

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: