CANES community care

Phone: 416-743-3892
Fax: 416-743-7654
Email: information@canes.on.ca

Bringing Quality Care Home®

Caregiver Support and Counselling Referral Form

Section 1

Date of Referral

Applicant's Last Name | First Name

Address | Apt. #

City | Postal Code | Gender

Age | Date of birth mm/dd/yyyy | Phone #

Catchment Area Rexdale ☐ Malton ☐ Woodbridge ☐ Brampton ☐

Health Card # | Marital Status

Living Arrangement

Emergency Contact | Relationship | Phone #

Major Intersection

Section 2

Referral Source's Last Name | First Name

Relationship to Refrerral Source: Family ☐ Friend ☐ Service Provider ☐

Agency Name | Phone #

Email | Client Aware of Referral: Yes ☐ No ☐

Physical Health

Section 3

Reason for Referral

Safety Concerns Yes ☐ No ☐ Unknown ☐

If yes. Explain:

Please fax completed referral form to: "Attn Intake"
at 416-743-7654

ACCREDITED WITH EXEMPLARY STANDING
ACCREDITATION AGREMENT CANADA