



ALIGNING SENIORS Against Poverty

REFERRAL FORM

Aligning Seniors Against Poverty (ASAP) is a St. Leonard's Place initiative designed to alleviate the effects of poverty among senior men 55-64; particularly those with the overlapping experience of mental illness, and addictions.

CLIENT INFORMATION:

FIRST NAME: _____ LAST NAME: _____

OHIP#: _____ PHONE NO.: _____

D.O.B (MM/DD/YYYY) : _____ AGE: _____ GENDER: _____

CURRENT ADDRESS: _____

REFERRAL SOURCE (IF APPLICABLE)

Self - (Please check this if you are referring yourself)

Organization/Agency Medical Professional Home and community care Other: _____

NAME OF REFERRER: _____

PHONE NUMBER: _____ EMAIL: _____

AGENCY NAME: _____ PHONE NO. _____

ADDRESS: _____

INCOME SOURCE/ BENEFITS (SELECT ALL THAT APPLY)

Employed/ Self Employed

Ontario Disability Support Program (ODSP)

Unemployed/ Looking for work

Employment Insurance (EI)

Ontario Works (OW)

Canada Pension Plan (CPP)

Ontario Trillium Benefit (OTB)

Disability Tax Credit

Passport Services (DSO)

Other _____

PLEASE INDICATE THE REASON FOR THE REFERRAL (SELECT ALL THAT APPLY)

Employment Assistance

Vocational Skills Training

Subsidized Housing

Financial Assistance

Linkages to Community Partners

Securing a Nursing Home

Resume Building

Mental Health/ Addiction Services

Securing a Retirement Home

Assistance Activities of Daily Living

Applying for Government Income Supports/ Benefits

Planning for Next Stage Living

Other _____

Please scan and email the completed forms to ASAP@SLPP.CA



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CONSENT FORM

Consent to Collect, Use and Share Personal Information

SLPP respects your privacy. The confidentiality of your personal information is maintained through the application of strict policies and procedures that are consistent with the requirements of current legislation.

You have the right to withhold or withdraw your consent to share your personal information at any time.

By checking the boxes below, you agree to what is set out in the following statements:

- I confirm that I have read and understood this form and consent to the collection, use and disclosure of personal information as described in the form.
- I understand that if I do not consent or withdraw my consent, that this may affect my ability to receive services.

Date (DD/MM/YYYY): _____

Client Signature: _____

Please scan and email the completed forms to ASAP@SLPP.CA