



**ELDER REFERRAL  
FORM**



**Elder Participant Information**

**Name:** \_\_\_\_\_  
(first) (last)

**Address:** \_\_\_\_\_  
(street) (city) (state) (zip code)

**Phone:** \_\_\_\_\_

**Referral Source Information**

**Agency:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Referral Checklist**

- |  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| 1. Is the elder at least 60 years of age?  |            |           |
| 2. Does the elder live alone?  |            |           |
| 3. Does the elder live independently in his/her own home?<br>(i.e., not in a nursing home or assisted living facility) |            |           |
| 4. Does the elder want a friendly visitor for weekly social visits?  |            |           |
| 5. Does the elder have any current health concerns?  |            | _____     |

**Today's Date:** \_\_\_\_\_

**Three ways to return your completed form:**

Email: [elderfriends@familylifeline.org](mailto:elderfriends@familylifeline.org) Fax: (804) 285-3701

Mail: ElderFriends | 2325 West Broad Street | Richmond, VA | 23220

**Any questions, feel free to call us at:**  
(804) 249-5432