

Elder Participant Information

Name: _____
(first) (last)

Address: _____
(street) (city) (state) (zip code)

Phone: _____

Referral Source Information

Agency: _____ **Referred By:** _____

Phone: _____ **Email:** _____

Referral Checklist

- | | Yes | No |
|--|------------|-----------|
| 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?
(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

Fax: (804) 285-3701

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

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