



CNAP Community Navigation & Access Program Standard Intake and Referral Form

Today's Date	Intake Staff Name	Urgent? (Y/N)
Current Time	Intake Agency	
We need your permission to collect your personal and health information, and we will need to share this information with our staff and our partners. Your information is private, and unless required by law, we will not give out your information to anyone else without your permission. Do you give consent to this?		Consent? (Y/N)

Client Information

First Name		Last Name		Gender
Tel		Alternate Tel		D.O.B.
Preferred Language of Service		Special Instructions for Calling		
Marital Status		Family Physician (name and tel)		
Address			Intersection	
Living Situation (insert an "X")	Lives Alone	Homeless	Smoker	
	Lives Without Support	Temporary Address	Pets	
Comment				
Impairments (insert an "X")	Vision	Speech	Cognitive	
	Hearing	Mobility	Other	
Comment				

Alternate Contact

First Name	Last Name	Tel
Relationship	Comment	

Referral Source (insert an "X")

Self-referral	CCAC	Spouse or family
Internal (this agency)	Family Physician	Friend or neighbour
Another CSS agency	Hospital	Other (explain)

Services (Rec = currently receiving, Req = requested)

Rec	Req	Service	Provider / Comment	Rec	Req	Service	Provider / Comment
		Adult day program				Lifeline	
		Caregiver support				Meals on Wheels	
		Case management				Mental health support	
		CCAC				Personal care or support	
		Crisis support & assistance				Respite	
		Foot care				Security check	
		Friendly visiting				Social & recreational	
		Group dining				Social work	
		Health promotion				Shopping assistance	
		Home help or homemaking				Shopping list pick-up	
		Home maintenance & repair				Shopping trips	
		Hospice care				Supportive housing	
		Informal supports				Transportation	
		Other (explain)				Other (explain)	

FARM Status (frail, at-risk, and marginalized status)

Inform the Client that you need some additional information to better understand their situation. Use these questions to guide your conversation with the Client, rather than reading them word-for-word. If some of these questions have already been answered on the first page, also insert the responses here. Indicate FARM status on the last line in the table below, based on **your assessment** of the Client's current status (note: no need to add or score responses below).

	Y	N	Comment
1. Services requested or receiving are possible FARM indicators?			
2. Lives alone without support?			
3. Physical or cognitive impairments?			
4. Admitted to hospital (emergency or otherwise) within 3 months?			
5. Fallen within the last 3 months?			
6. Access to a family physician?			
7. Visited family physician in the last 6 months?			
8. Recently had trouble accessing a health service?			
9. Homeless or temporary address?			
10. Possible caregiver issues (abuse, stress)?			
Based on your professional assessment, using the answers above as a guide, is this Client's status FARM?			
If Client status is FARM, refer to Case Management below.			

Referral

Use Warm Transfer practices to complete a referral. Warm transfer begins by identifying the appropriate target agency, calling the agency, then faxing this intake form. Warm transfer is completed by calling the Client to confirm service is being arranged or delivered.

With your permission, I will ask another agency contact you to arrange the service(s) you need. Do you give consent to this?	Consent? (Y/N)	
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Agency referred to for service

Target Agency		Staff Name	
Service(s) Required			
Date agency called	Time agency called	Date transfer confirmed with Client	Time transfer confirmed with Client
Comment			

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Service(s) Required			
Date agency called	Time agency called	Date transfer confirmed with Client	Time transfer confirmed with Client
Comment			