

Referral Form - ALONE Befriending Service and/or Support Coordination Service

Please read the Befriending Service and Support Coordination Service Referral Information Sheet before completing the form. **Where possible please complete this form with the person who is being referred.**

| | |
|---|--|
| Details of Person Referred: | |
| Name | |
| Address | |
| Phone Number | |
| Date of Birth <i>Age must be 60+</i> | |
| Please State One Emergency Contact Person <i>Name, Relationship, Contact Details etc.</i> | |

| |
|---|
| Type of Referral: External Agency <input type="checkbox"/> Family/Friend <input type="checkbox"/> |
| Contact Details of Referrer: (Name, Contact Number, Organisation, Email, etc.) |
| Is the person aware that the referral is being made? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>It is essential that the person being referred is aware of the referral and wants to be referred for befriending.</i> |

For which service is the person being referred?

Befriending Support Coordination Both

Please circle or highlight the primary issues leading to this referral to our Befriending and/or Support Coordination Service:

Housing issues Physical health issues Mental Health issues Social Isolation
Disability Bereavement Mobility issues

Please outline nature of issue(s): _____

Does the person being referred live alone? Yes No

**For description of Support Coordination please see the Befriending Service and Support Coordination Service Referral Information Sheet*

| | | | |
|---|--|------------------|--|
| Details of Medical/Other Relevant Professional | | Phone No. | |
|---|--|------------------|--|

Where deemed necessary we may require to speak to one of the above before the assessment visit. Please indicate if you give permission for this to take place: Yes No

Other Information

If referring for the Befriending Service, is there any other information which you feel is relevant for ALONE to know before assigning a volunteer to visit the person being referred?

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

Return to: Freepost No. DN6055, ALONE, Olympic House, Pleasants St, D.8 or email: hello@alone.ie