



**SENIOR
COMPANIONS**

Make Independence a Reality



Public Health
Prevent. Promote. Protect.

**Panhandle
Health District**

Healthy People in Healthy Communities

Client Referral Form

Date _____

Person Making Referral (name, relation, phone #) _____

Client's Name _____ SSN ____ - ____ - ____ Date of Birth _____

Address _____ City _____ Phone _____

Email _____ Previous Client? Yes No Year _____

In need of respite? (full-time caregiver needs a break) Yes No

If yes, please explain the situation _____

Smoker Yes No Veteran Yes No Pets Yes No _____

Functional Limitations (check all that apply)

Speech ____ Wheelchair ____ Vision ____ Hearing ____ Walker ____ Cane ____ Other ____

Comments _____

Does the client currently drive themselves around? No Yes

(In order to receive services from the Senior Companion program, clients must be homebound)

Please return the completed Referral Form to

Panhandle Health District

Attn: Daniel J. Perry

Senior Companions Project Director

8500 N Atlas Rd

Hayden, ID 83835

Phone 208-415-5177

Fax 208-415-5101