COMMUNITY CARE NETWORK
HELPING PEOPLE HELP PEOPLE

Friendship Call Client Referral Form

Community Care Network
Carlton Road - South Elmsall - Pontefract - West Yorkshire - WF9 2QQ
Tel: 01977 277119 - Fax: 01977 641034
Email: mail@communitycarenetwork.co.uk - Web: www.communitycarenetwork.co.uk

FRIENDSHIP CALL
CLIENT REFERRAL FORM

COMMUNITY CARE NETWORK HELPING PEOPLE HELP PEOPLE

CLIENT DETAILS

Name: _____ D.O.B: _____

Address: _____ Client Tel: _____

_____

_____

Next of Kin: _____ Next of Kin Tel: _____

REFERRAL AGENT (e.g. GP, Social Worker, Probation Officer)

Name: _____ Tel No: _____

Address: _____

_____ Email: _____

How did you learn about our Friendship Calling Service? Please specify:

_____

_____

To enable us contact the Client about the service ASAP, please speak to the Client and provide us with the best day(s) and time for them to receive an initial call from a Telephone Friendship Calling Coordinator:

Best day of the week: _____ Best time to call: _____

Service Criteria:

Any person 60 years of age or over and where all four of the of the following apply:

- Living alone or is a full-time carer for someone else
- Feels lonely
- Lacks a local social support network
- Has access to a landline and is comfortable having conversations on the phone

Are there any circumstances we need to be aware of ? ie: (Diagnosed with anxiety / depression etc)

_____

_____

_____

This person requires a Friendship Call due to:

a) being recently bereaved ..... ☐
b) dealing with life changes i.e. loss of family connections, recently moved home. ☐
c) recent return home from hospital ..... ☐

Referring Agent Signature: _____ **Date:** _____

Agency: _____ **Tel:** _____

PLEASE RETURN THIS FORM TO
COMMUNITY CARE NETWORK - CARLTON ROAD - SOUTH ELMSALL - PONTEFRACT - WEST YORKSHIRE - WF9 2QQ - TEL: 01977 277119