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Criteria for Service Referral **MUST be completed** by the Referrer **before submitting**

❑ Is this person 65 years+?

❑ Is this person at risk of social isolation due to having no, or very few, external social interactions?

❑ Is this person living in the community?

❑ Is this person able to contribute to mutually beneficial relationships?

❑ Has the service been explained to the person?

❑ Has this person given their permission for the referral?

**Application / Referral for Age Connect Service**

**Application / Referral for Age Connect Service**

**Statistical Details**

Gender: Male / Female

Ethnicity:

 ❑ Pākehā (NZ European)

 ❑ Māori

 ❑ Pacific Islander

 ❑ European (including British)

 ❑ Chinese

 ❑ Indian

 ❑ Other Asian

 ❑ Australian

 ❑ North American

 ❑ African, Middle Eastern, Latin America

 ❑ Other

**Client Contact Details**

First names:

Preferred Name:

Last Name:

Address:

City & Postcode

Home Phone:

Cell Phone:

Work Phone:

Email:

Date of birth:

Rest Home Resident: Yes ❑ No ❑ Living Alone: Yes ❑ No ❑

**Additional information** – is there anything other information we need to know?

**Referrer’s Details**

Name: Organisation

Day Phone: Cell Phone:

Email: Date:

**Return Referral Form to:** Age Concern Tauranga, 177a Fraser Street, Tauranga 3112

 or Email: cc.ageconcerntga@xtra.co.nz