



## Rainbow Manor Professional Referral Form

Operated by Summerlea Care Homes

Referring Provider Information		
Name	Phone	Email
Position Title	Organization	
Reason for Referral		

Applicant Demographic Information		
Chosen Name	Birth Date (mm-dd-yyyy)	Health Care Number
Legal Name (if different from above)	Phone Number	Safe to leave message?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address	Email	Safe to send a message?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pronouns	Gender Identity	Sexual Orientation

Current Living Situation and Housing History
Please identify current living situation and housing history (including barriers and strengths)

Factors that Impact Housing Needs
Identify potential challenges regarding group living and a plan to manage concerns (as applicable)

Source of Income
Please identify all current sources of income

### Accessibility Considerations

Please identify any accessibility considerations

### Level of Care Requirements

Choose the applicable level of care required on a day to day basis:

- Level 1: No support (independent with all activities of daily living)
- Level 2: Minimal support (wake-up call, reminders about appointments or medications)
- Level 3: Moderate support (assistance to get to appointments, crisis management, medication management)
- Level 4: High level of support (individualized support during the day, but not at night)
- Level 5: High intensity support (requires 24/7 on-site and intensive support)

Please elaborate on care needs in the space below (as applicable)

### Community Connections

Please identify natural and professional supports that the applicant is currently connected to

### Additional Information

Please provide additional information to support this application (as applicable)

Please send completed application via encrypted email to [housing@rainbowmanor.ca](mailto:housing@rainbowmanor.ca)