



Referral Form

Community Friendship Volunteer Program (CFVP) provides friendship, companionship, and a helping hand to seniors in St. Lawrence and Franklin Counties. Our volunteers advocate for seniors to help them obtain services, stay connected to their community, and enhance their quality of life. If you are a senior, or know a senior, who would welcome the services of our volunteers, please complete this form to the best of your ability.

Person to be visited (name) _____ Referral Date _____

Phone _____ Date of Birth _____ Age _____

Address _____

Referrer's name _____ Phone _____

If applicable, please include referrer's:

Agency/Org. _____ Title/Position _____

How do you know the senior? (Circle or underline)

Relative Friend Client/Patient Self Other: _____

Is the person to be visited aware that a referral has been made to CFVP? Yes No

How did you learn about CFVP? _____

How may we help the senior? _____

Please check the activities that might be of assistance/interest to you or the person to be visited.

<input type="checkbox"/> Friendly home visits	<input type="checkbox"/> Card and board games	<input type="checkbox"/> Transportation
<input type="checkbox"/> Friendly phone calls	<input type="checkbox"/> Gardening	<input type="checkbox"/> Outings/events
<input type="checkbox"/> Reading	<input type="checkbox"/> Lawn care/snow shoveling	<input type="checkbox"/> Light housekeeping/laundry
<input type="checkbox"/> Arts and crafts	<input type="checkbox"/> Meal prep assistance	<input type="checkbox"/> Shopping/running errands
<input type="checkbox"/> Other (describe) _____		

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