



FRIENDLY Calls PROGRAM
Client Referral

Date: _____

Client Name: _____ **DOB:** _____

Address: _____

City: _____ **Postal Code:** _____

Telephone: h) _____ **c)** _____

How would this individual benefit from the Friendly Phone Program?

The person referring, please complete this section:

Referred By: _____

Are you a Friend/family/care provider/other: _____

Telephone: h) _____ **c)** _____

Email address: _____

Does the client know you are referring him/her to the program? YES / NO

How did you hear about the program? _____

Please send completed form using one of the methods listed below:

Fax: 1-306-721-1602

Email: friendlyvisitingsask@redcross.ca (send scanned document or picture)

Online Referral Form: redcross.ca/SKVisiting (completed forms are sent to email)