



# Referral Form

**CONFIDENTIAL**

Stephen Ministry® Form

Date \_\_\_\_\_

## Person in Need of Care

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Approximate age \_\_\_\_\_ Gender \_\_\_\_\_ Marital status \_\_\_\_\_

Occupation \_\_\_\_\_

Place of work \_\_\_\_\_ Work phone \_\_\_\_\_

Best time to contact \_\_\_\_\_

Church affiliation \_\_\_\_\_ Currently active?  Yes  No  Uncertain

Who initially identified the care receiver? \_\_\_\_\_

## Circumstances Prompting Referral

### Other Persons Caring for the Care Receiver (e.g., family or professional caregivers)

Name \_\_\_\_\_ Relationship to care receiver \_\_\_\_\_

Name \_\_\_\_\_ Relationship to care receiver \_\_\_\_\_

Name \_\_\_\_\_ Relationship to care receiver \_\_\_\_\_

### Person to Contact in Case of Emergency

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to care receiver \_\_\_\_\_

 Check here if the care receiver 1) has been prepared for Stephen Ministry, and 2) has consented to the care of a Stephen Minister (necessary before first caring visit is made).

Form completed by \_\_\_\_\_

Stephen Minister assigned \_\_\_\_\_

### Additional Information or Comment

