



## REQUEST FOR HELP

### How do you identify yourself?

- Caregiver of a Person with Dementia** (Please Include Health Card#):
- Person With Diagnosis:** (Please Include Health Card#):
- Other** (Please explain):

**First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Secondary Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Is it safe to leave a message?** Yes  No

### How can we help you?

Please give us some information about your situation and what type of support and/or service you would like for yourself or someone else. Our support service staff will contact you or the person you have referred as soon as possible.

### Please provide us with a little information about the Person with Dementia

**Full Name:** \_\_\_\_\_ **Relationship to yourself:** \_\_\_\_\_

**Does this Person live alone?** Yes  No

**Submit**

**Thank you for your referral!**