

Referral Form

“CAREGIVER SUPPORT IN TOUGH TIMES”

An online support “zoom group” for parents and support workers
of persons with intellectual disabilities.

Hosted by Anne Halas, Training Facilitator for
Developmental Disabilities Mental Health Services



Fax completed referral to 604-918-7550

Caregiver referral Criteria:

- This group is suitable for any parent, support worker or person who cares for someone with an intellectual disability

Please complete the following:

CAREGIVER INFORMATION:

Caregiver's name: _____

What type of caregiver are you (parent, support worker, etc.)?: _____

If client/child is served by Developmental Disabilities Mental Health, what is client's name and relationship to you? _____

Caregiver's Email Address (*required*): _____

Caregiver's Cel Phone Number: _____

Caregiver's Home Phone Number: _____

Do you work for an agency? If so, which one?: _____

CAREGIVER INFORMATION:

Why do you need this group? What supports do you need? What are you facing right now that a group can help with? What questions do you have for a group situation? Have you felt alone or unsupported during this quarantine? : _____

If you haven't already stated above, what are the issues that your client(s)/child is dealing with right now? What are the challenges for you and them because of these?" _____

Do you need a sign language interpreter for these zoom sessions? _____

After receipt of this referral Anne Halas will email caregiver to make sure they are comfortable with using Zoom. If current group is full (capped at 10 participants) she will set up more possible dates.