

## PROJECT HOPE REFERRAL & SCREENING FORM

### Providing Brief Counseling and Social Visits to Older Adults

<b>Last Name:</b>	<b>First Name:</b>	<b>Date:</b>
<b>Gender:</b>	<b>Date of Birth:</b>	
<b>Phone:</b>		<b>Mobile:</b>
<b>Address/City/Zip</b>		
<b>Emergency Contact/Relationship:</b>		<b>Phone:</b>
<b>Referred by/Title</b>	<b>Program/Agency:</b> <b>Phone:</b> <b>Email:</b>	

**Primary Language** (if other than English): \_\_\_\_\_

**Does your client** (Y=Yes N=No ?= unknown)

\_\_\_ **Live Alone?** If no, list household members \_\_\_\_\_

\_\_\_ Report **frequently feeling down or sad** ("being depressed")?

\_\_\_ Report a **loss of interest or pleasure in doing things** (less active)?

\_\_\_ Have a **history of treatment for depression** or other mental health diagnosis?

If yes please explain: \_\_\_\_\_

**Do you feel the client would be open to counseling?** YES / NO / Unsure

**Is the client/senior aware of the referral to our program(s)?** YES/ NO

**PRIMARY CONCERN/ISSUE:** \_\_\_\_\_

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We also have socialization programs (check if interested):

\_\_\_ **Friendly Visitor Program** (priority are those that live alone & are isolated)

\_\_\_ **Well Connected/COVIA** (toll-free phone based activities)

**FAX to Aging & Veterans Services (209) 558-8648      558-8698 (Phone)**