

Sunnyside Young Onset Dementia Association (YODA) Referral Form

FAX TO 1-519-896-1036

YOUNG ONSET DEMENTIA ASSOCIATION CRITERIA

The Young Onset Dementia Association (YODA) program brings together people who are living with younger onset dementia to learn, socialize and explore new talents. Eligibility criteria for the program is as follows:

- ✓ Applicant was diagnosed before the age of 65 with a dementia
- ✓ Applicant is in the early stages of memory loss
- ✓ Applicant would benefit from recreational programming and community engagement
- ✓ Applicant is willing and able to participate safely in group programming
- ✓ Applicant is not exit seeking
- ✓ Applicant is medically stable
- ✓ Applicant is independent with Activities of Daily Living and is able to self-manage medications with reminders
- ✓ Have an emergency contact available (able to take client home if required)

REFERRAL

Applicant's Last Name:	Applicant's First Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Address:	HCN:	
	Date of Birth (dd/mm/year):	

REFERRAL SOURCE

Referral Source: HCCSS Memory Clinic Alzheimer Society Family Day Program Other:

Primary Contact Person (Referral Source):	Emergency Contact Person (Family/Friend):
Phone Number:	Phone Number:

RESPONSIBLE PHYSICIAN

Most Responsible Physician:	Phone Number:
	Fax Number:

Allergies: Environment Food Medication Details:

COMMUNICATION

Client is aware of the daily charge of \$18.50: Yes No

**Please note other charges may apply for special outings*

COMMUNITY SUPPORT SERVICES - client is currently receiving (e.g. Mobility Plus). PLEASE PROVIDE DETAILS:

- Transportation:
- HCCSS services:
- Respite:
- Specialized Geriatrics Services:
- Other:

For HCCSS Referrals: Please submit all other documentation via HPG.

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