

Ranch Ehrlo Society Referral Form Respite services

Our respite services offer safe, caring, and individualized support—providing caregivers with a meaningful break while ensuring their loved one enjoys a supportive, enriching experience. Please complete this form to help us understand their strengths, interests, routines, and support needs so we can deliver truly person-centred care.

REFERRAL INFORMATION

Name of person making referral and role	Relationship to individual (e.g. parent, support worker)		
Agency or organization (if applicable)	Phone	Email	

INFORMATION ABOUT THE INDIVIDUAL

Full name (First, last)	Preferred name (if applicable)			
Gender identity & pronouns (if shared)		Date of birth		
		Day	Month	Year
Home address	City	Province	Postal code	
Current living situation	Primary language			
Cultural identity, spiritual practices, or traditions				
Parent(s)/guardian(s)/primary contact(s) name		Relationship		
Phone		Email		

RESPITE SERVICES

We offer flexible respite care in the home or in the community (for all ages), and short-term stays in our adult respite home.

Select a service:

- ☐ Respite Care in home or community (for all ages)
- ☐ Medical/ Respite Home (children/youth only)
- ☐ A combination of both

Preferred schedule (e.g., weekends, evenings, monthly):

Is this an urgent request? (If so, tell us more):

HOW WE CAN SUPPORT

Please help us understand how we can best support the individual by sharing both their strengths and support needs.

Areas where the individual thrives (skills, interests, routines, etc.):

Support strategies that work well:

How the person likes to spend their time:

Health or developmental considerations (e.g., medical needs, neurodivergence, mental wellness):

Mobility support (e.g., walking, wheelchair, transfers):

Preferred ways to communicate (e.g., verbal, gestures, device, signs):

Support with daily living (e.g., dressing, eating, hygiene):

Supervision needed (e.g., independent, needs reminders, full supervision):
Emotional or behavioural supports:
What helps with sensory regulation:
Comforting routines or transitions that help:

<u>HEALTH & SAFETY</u>	
Health considerations (e.g., asthma, seizures, diabetes):	
Medications and how they're taken:	
Dietary preferences, needs, or restrictions:	
Allergies:	
Safety supports or emergency protocols:	
Medical equipment used (e.g., oxygen, G-tube):	
Emergency/hospital plan (if available):	
Healthcare provider(s):	Health card number:

<u>WHAT HELPS US SUPPORT WELL</u>	
Things that may cause distress or frustration:	Coping tools, calming strategies, or sensory supports:
Any safety concerns (e.g., elopement, self-injury, physical distress):	Other tips or insights that help build trust and comfort:

<u>CONSENT</u>
☐ I confirm the information above is accurate to the best of my knowledge.
☐ I give Ranch Ehrlo Society permission to contact me to plan next steps.

Please email the completed referral form to CLSreferrals@ranchehrlo.ca

If you have any questions about this form or how to submit a referral, please contact Monica Rivers, manager of Clinical and Community Services at 306-520-8543 or Jane Powell, director of Clinical and Community Services at 306-781-1260.

Contact Us
Ranch Ehrlo Society – Respite Program
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CLSreferrals@ranchehrlo.ca
 306-781-1260