XCare COMMUNITY

Client Referral Form

Transportation to healthcare and essential services

For clinics, agencies and care providers. Complete this form with your client's agreement. We will contact your client to confirm eligibility and trip details. A ride is only booked once we confirm it.

Please do not include a diagnosis or any medical details. We only need contact and trip information. Not for emergencies: call 911.

1. REFERRING ORGANIZATION

Organization _____ **Referred by (name)** _____

Phone _____ **Email** _____

Fax (if any) _____ **Date of referral** _____

2. CLIENT (RIDER)

Full name _____ **Phone** _____

Pickup address _____

Pickup city / town _____ **Alternate contact (name & phone)** _____

Best way to reach the client: ☐ Phone call ☐ Text ☐ Email ☐ Through our organization

Language preference: ☐ English ☐ Other: _____

3. TRIP

Destination (name) _____ **Destination city / town** _____

Date needed _____ **Appointment time** _____

Type of trip: ☐ Medical appointment ☐ Home after a procedure ☐ Pharmacy / errand ☐ Community program ☐ Recurring trips

Return trip needed? ☐ Yes ☐ No

Pickup time: _____

Caregiver coming along? ☐ Yes ☐ No

Mobility support: ☐ None ☐ Cane or walker ☐ Folding wheelchair ☐ Non-folding wheelchair / scooter ☐ Not sure

Program that may help pay: ☐ None / not sure ☐ AISH / Income Support ☐ NIHB ☐ IFHP ☐ WCB ☐ VAC ☐ Private benefits

Other trip notes (no medical details) _____

4. CONSENT

☐ The client agrees to this referral and to be contacted by XCare Community about transportation.

☐ The client agrees that XCare Community may confirm with the referring organization that a ride took place.

Referrer signature _____ **Date** _____

Send the completed form to XCare Community: [email address to be added]

Please book at least 2 business days ahead.
Pilot service area: Calgary, Alberta