



**SENIORS IN SERVICE
OF TAMPA BAY, INC.**
Bridging Generations Through Volunteer Service

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Referral for Service SENIOR COMPANION PROGRAM

From _____
(Case Manager/Social Worker) (Referring Agency)

Date _____ Agency Phone _____

CLIENT DATA *(Please Print or Type)*

Last Name _____ First Name _____

Address _____ Lot/Apt. # _____

City _____ State FL Zip Code _____

Home Phone (____) _____ Date of Birth _____

SSN: _____ Languages Spoken _____ Smoker: Yes No

Gender: Male Female Ethnic Origin _____ Marital Status S M W D

Household Composition _____ Pets _____

Emergency Contact _____ Relationship _____

Home Phone (____) _____ Work Phone(____) _____

Client's Health Problems: _____

Services in Place _____

Reason For Referral _____

CHECK REQUESTED SERVICES

<input type="checkbox"/> Companionship	<input type="checkbox"/> Assist in tidying living areas	<input type="checkbox"/> Reading aloud
<input type="checkbox"/> Respite	<input type="checkbox"/> Assist with laundry	<input type="checkbox"/> Take walks / exercise
<input type="checkbox"/> Shopping / Errands	<input type="checkbox"/> Assist with forms / letters	<input type="checkbox"/> Bill Payer Program
<input type="checkbox"/> Assist in light meal prep.	<input type="checkbox"/> Assist with recreation / hobbies	<input type="checkbox"/> Other

Official registration and financial information may be obtained from the Division of Consumer Services by calling 1-800-435-7352. Please refer to number SC-02047

