

Family Transition Program Woodingford Lodge

Please complete and return this form

by fax to **519.533.0781** or online referral at: **familytransitions@oxfordcounty.ca**

To be eligible for Family Transitions Program, participants must have Ontario health coverage and not reside in long-term care.

Participant Information

| | | |
|---|------------------------|---------------------------|
| Is the participant aware of the referral? | Yes | No |
| Participant first name: | Participant last name: | |
| Preferred name: | Marital status: | |
| Date of birth (mm/dd/yyyy): | Health card number: | |
| Gender: Male Female Other | Preferred Pronouns: | |
| Preferred language: English French Other: | | |
| Physician: | | |
| Allergies: | | |
| Mobility Devices: | | |
| Identifies as Indigenous: | Yes | No Prefer not to disclose |
| Address: | | |
| City: | Postal code: | |
| Phone (home): | Phone (cell): | |
| Email: | | |

Contact Person (Who should we contact regarding this referral)

| | | | |
|--|--------------------|----|---------------------------------------|
| Contact participant directly: | Yes | No | If 'No', please complete fields below |
| Contact first name: | Contact last name: | | |
| Phone (home): | Phone (cell): | | |
| Email: | | | |
| Relationship to participant (Spouse, power of attorney, etc.): | | | |

Referring Agency Information

Referring agency name:

Agency contact name:

Agency phone number:

Hospital discharge date (If Applicable) (mm/dd/yyyy):

Does the participant have a coordinated care plan? Yes No

Does the participant have access to transportation? Yes No

Has the participant visited the Emergency Department in the past 3 months? Yes No

If yes, please explain.

Reason(s) for Referral

Check all that apply:

Cognitive decline

Mental health

Information/resources

Hospital discharge

Wellness education

Financial concerns

Health care support

Exercise

Transitional support

Instrumental activities
of daily living (IADLs)
ex. Meal preparation,
chores, bill payments

Social engagement

Substance use support

Isolated/limited support

Other:

Mobility

Activities of daily living (ADL's)
Ex. Bathing, toileting,
dressing

Caregiver stress

Provide details regarding the reason for referral chosen:

Check Program(s) Referred to

Transitional Day Program

Daily respite for caregivers

Located within Woodingford Lodge, this program is designed for community members awaiting long-term care placement. It offers therapeutic, supervised programming in a safe and inclusive environment, providing respite for caregivers Monday to Friday, 9:00 a.m. to 3:00 p.m.

Activities include:

- Functional fitness and wellness programs.
- Personal care services like bathing/showering, shaving, are provided by our trained team members
- Services including hairdressing, dental and optometry clinics
- Nutritious snacks and lunches.
- Arts, crafts, outdoor programs, and music therapy.
- Educational and interactive games.
- Cognitive and mood assessments.

Family Transition Program

Caregivers must accompany participants during visits to ensure a smooth and supportive experience. This program allows participants to familiarize themselves with the care and services offered at Woodingford Lodge while maintaining a strong connection with their caregivers.

Program features access to:

- Recreational activities tailored by our recreation team.
- Personal care services, including bathing/showering, shaving, are provided by our trained team members
- Services including hairdressing, dental and optometry clinics
- Nutritious meals in our welcoming dining rooms.
- Caregiver support services, including education and guidance.
- Cognitive and mood assessments.

Caregiver Support

Caregivers can access peer-led support groups, dementia strategies, and care-planning resources. Our team provides essential tools to reduce stress and help families cope at home while planning for the transition to long-term care.

Some services may include applicable fees

Other Services

List any other services participant is currently receiving:

Is participant on Long-Term Care waitlist? Yes No
If 'No' please explain:

How long has the participant been waiting to move into Long-Term Care?

Known Risks

| Yes | No | If 'Yes', please complete fields below | |
|-----|----|--|--|
| | | Responsive behaviours | |
| | | Verbal | |
| | | Physical | |
| | | Wandering | |
| | | Smoking | |
| | | Substance use | |
| | | Pets | |
| | | Weapons | |
| | | Remote location | |
| | | Infestation | |
| | | Neighbourhood | |
| | | Hoarding/squalor | |
| | | Physical environment | |
| | | (Home structure) | |
| | | Other: | |

Provide further information on the known risks selected:

Our staff will follow up with you directly to discuss Family Transition Programs that may best support your needs. However, it's up to the participant to decide if they want to accept or participate in the service.

To protect privacy, we cannot share participants information or updates with referral sources without the participant's consent. If you have any questions or concerns, contact Melissa Tanner 519.421.5556 ext. 2046 or mtanner@oxfordcounty.ca.

In accordance with our privacy policy, Family Transitions Program will not under any circumstances use any information provided on this form for any purpose that is inconsistent with the purpose for which the information was provided.

Personal Information will be collected, used and disclosed by Oxford County, in accordance with the **Municipal Freedom of Information and Protection of Privacy Act** (MFIPPA), for the purpose of administering programs effectively.