



Strong United Neighbors
Pontiac TimeBank

Patient Referral Form – Pontiac Residents Only

Name: _____
Address: _____ City: _____ Zip: _____
Home Phone _____ Cell Phone: _____
Email: _____ Best Time to Call: _____
Date Referred: _____
Planned Discharge Date: _____ Patient Consent Recorded: (to referral)
Staff (person who referred) Contact Name: _____
Staff Phone: _____ Email: _____

Referral Information

Please indicate areas where patient may need assistance:

- Home visit
- Phone call/companionship
- Light meal preparation
- Home tidy up or light housekeeping
- Food shopping
- Transportation to medical appointments
- Small household tasks (smoke detectors, changing light bulbs, etc.)
- Pet care
- Prescription pick up
- Computer skills
- Other _____

For TimeBank Use:

The Patient Referred:

- Is appropriate to make exchanges within SUN (not verbally or physically abusive)
- Can make and keep appointments
- Has a home that is safe (if they are going to have a home visit)

Outcome:

- Agreed to participate in SUN
- Refused to participate
- Was matched with a SUN member
- Received services from a SUN member
- Date _____ SUN member connection _____

Please scan and send form to pontiactime@gmail.com. For information call 248-791-2091.