



Feeding hope. Changing lives.

Union Gospel Mission – External Chaplaincy Bed Referral Form

601 E Hastings St. V6A 1J7

Date: _____

Please answer these as best as you can:

	Yes	No
1. Do they have cognitive/memory issues that would make independent living unsafe?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any mental health and/or behavioural issues that would make it challenging for the individual to safely share a dormitory-style shelter with 72 bunk beds?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any issues related to health and/or fragility that would make it unsafe for the individual to leave at 9:00 am and line up outdoors for shelter each night at 9:00 pm?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are they, to your knowledge, on a break from UGM services?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are they able to be in the UGM reception by 8:30 pm to claim their bed?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are they able to independently transfer to a bunk bed?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are they able to independently shower and use bathroom facilities?	<input type="checkbox"/>	<input type="checkbox"/>

Reminder: Dorm style with bunk beds, no substance use onsite, no coming & going after intake, wake up at 6:20 am, shelter closes at 6:50 am. **There are no storage facilities.** Guests may bring personal items that will fit in a 100L bin under the beds, but these items must be taken with guests when they leave in the morning. There is *no* managed medication program at UGM.

All referrals need to be confirmed with UGM staff before a bed can be provided

Guest Information:

Guest Name: _____ DOB: _____

Physical Health: _____

Accessibility Needs: _____

Discharge Plans: _____

Other Notes: _____

Referrer Information

Referrer Name: _____ Phone: _____

Signature: _____ Fax: _____

Organization: _____

UGM Phone: 604-253-3323; Fax: 604-253-5407; and email: shelterreferral@ugm.ca