



Union Gospel Mission External Chaplaincy Bed Referral Form

Please answer these as best as you can.

Date _____ Yes No

1. Do they have cognitive/memory issues that would make independent living unsafe? Yes No
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? Yes No
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? Yes No
4. Are they, to your knowledge, on a break from UGM services? Yes No

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5. Are they **able** to be in the UGM reception by 8:30 pm to claim their bed? Yes No
 6. Are they **able** to independently transfer to a bunk bed? Yes No
 7. Are they **able** to independently shower and use bathroom facilities? Yes No

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.** Community members may bring personal items that will fit in a 100L bin under the beds, but these items must be taken with community members 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.

Community Member Information

Community Member Name _____ Date of Birth _____

Physical Health

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

Accessibility Needs

Discharge Plans

Other Notes

Referrer Information

Referrer Name _____ Phone _____

Signature _____ Fax _____

Organization _____

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