



Referral Form

CONFIDENTIAL

Stephen Ministry® Form

Date _____

Person in Need of Care

Name _____

Address _____

Phone _____ Approximate age _____ Gender _____ Marital status _____

Occupation _____

Place of work _____ Work phone _____

Best time to contact _____

Church affiliation _____ Currently active? Yes No Uncertain

Who initially identified the care receiver? _____

Circumstances Prompting Referral

Other Persons Caring for the Care Receiver (e.g., family or professional caregivers)

Name _____ Relationship to care receiver _____

Name _____ Relationship to care receiver _____

Name _____ Relationship to care receiver _____

Person to Contact in Case of Emergency

Name _____

Address _____

Phone _____ Relationship to care receiver _____

 Check here if the care receiver 1) has been prepared for Stephen Ministry, and 2) has consented to the care of a Stephen Minister (necessary before first caring visit is made).

Form completed by _____

Stephen Minister assigned _____

Additional Information or Comment

