CONTINUING CARE

COMMUNITY DAY PROGRAM REFERRAL

When applying to this program, you must also complete the Continuing Care Referral. Once complete, fax this form with the Continuing Care Referral to:

- Continuing Care admissions office at (867) 456-6744 or email hss-cc-Admissions-email@yukon.ca.

Note: Email is not a secure or confidential form of communication. If applicant or referrer chooses to use email, Yukon Continuing Care cannot guarantee the security of messages sent to its employees.

Applicant information

Name	Yukon Health Care Insurance Plan #	Date of birth YYYY-MM-DD

Community Day Program

Goal of referral (select all that appy):

- ☐ To maintain or improve physical, cognitive, social and/or emotional functioning
- ☐ To decrease caregiver burden
- ☐ To benefit from a nutritious lunch, snacks and hydration options
- ☐ To receive assistance with activities of daily living, such as toileting and bathing
- ☐ To prevent or delay admission to long-term care

Check "Yes" to this question only if you have been assessed as eligible for long-term care placement and notified that you are on an admission waitlist. This does not apply to those on a waitlist for long-term care eligibility assessment.

Are you on the long-term care placement wait list? ☐ Yes ☐ No

List current activities of interest

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Attendance day(s) requested

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Method of transportation

- ☐ Own vehicle
- ☐ Family or friend
- ☐ Handy bus or city bus
- ☐ Walk
- ☐ Unsure
- ☐ Other: _____

Baths requested

☐ Yes ☐ No

Advanced directive provided

☐ Yes ☐ No

Living situation and formal and informal supports

Are there any concerns or issues (e.g., transportation) that would interfere with the applicant's ability to attend the Community Day Program?

YG(7665HSS) Rev.03/2026

Print Clear