



Celebrating Seniors: Senior Wellness Program Referral Form

Please email this referral and any supporting information to: thecenter@cafsnj.org

Individual _____ DOB _____

Address _____ Phone _____

City/Zip _____ Email _____

Date of Referral: _____

Potential Linkages Needed (Check all that apply)

Healthcare & Medical: ☐ Medicare/Insurance ☐ Prescription ☐ Vision ☐ Hearing ☐ Dental
☐ Mental Health/Substance Use

Housing & Home Safety: ☐ Senior Housing ☐ Home Repair ☐ Home Modifications ☐ Utility Assistance
☐ Emergency Housing

Transportation: ☐ Medical Transportation ☐ Public Transit ☐ Senior Shuttle ☐ Ride Vouchers
☐ Volunteer Driver

Food & Nutrition: ☐ SNAP ☐ Meals on Wheels ☐ Food Pantry

Financial Assistance: ☐ Social Security ☐ Financial Counseling ☐ Energy Assistance ☐ Fraud Prevention

In-Home Support: ☐ Personal Care Assistance ☐ Medication Management

Caregiver Support: ☐ Caregiver Education ☐ Support Groups ☐ Respite ☐ Dementia/Alzheimer Resources

Socialization & Community: ☐ Senior Center ☐ Friendly Visitor ☐ Volunteer ☐ Recreation ☐ Faith-Based
☐ Loneliness Support

Technology & Digital Access: ☐ Internet Assistance ☐ Device Assistance ☐ Digital Literacy

Safety & Legal: ☐ Fall Prevention ☐ Elder Abuse Prevention ☐ Advance Care Planning ☐ Power of Attorney
☐ Legal Services ☐ Estate Planning

Additional Needs: ☐ Employment/Volunteer ☐ Veteran Services ☐ Disability Services ☐ Other: _____

Notes / Additional Concerns: _____

Referring Organization/Person Referring: _____

Contact Phone Number or Email: _____

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