



Referral Form

HIGHLY CONFIDENTIAL

Care Receiver

Date _____

Name

Approximate age Gender Marital status

Street address

City/State/Zip

Primary phone ☐ cell ☐ home ☐ other

Secondary phone ☐ cell ☐ home ☐ other

Best time to contact

Church affiliation

Currently active? ☐ Yes ☐ No ☐ Uncertain

Reasons for Need for Stephen Ministry:

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

Name

Relationship to care receiver

Name

Relationship to care receiver

Person to Contact in Case of Emergency

Name

Relationship to care receiver

Primary phone

Secondary phone

☐ Check here when the care receiver 1) **has been prepared** for Stephen Ministry and 2) **has consented** to the care of a Stephen Minister. Both preparation and consent are necessary before the first caring visit can be made.

Form completed by

Stephen Minister assigned



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