

St. Johns County Sheriff's Office  
**C.A.R.E. REFERRAL**

TO: MALINDA IRWIN (904) 209-1553  
mirwin@sjsso.org

FROM: \_\_\_\_\_

Date: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Medical Conditions/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tracking Device Needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

**WHAT WE DO:** We will visit the C.A.R.E. Client referral and assess their needs and set them up for weekly or bi weekly visits, as well as refer them to local community and government agencies that we work closely with.

## **C.A.R.E. PROGRAM CRITERIA**

### **Initials**

\_\_\_\_\_ Signs of Exploitation or Abuse (this abuse can be physical, mental or neglect)

\_\_\_\_\_ Someone who may live alone and have no family in the area to check on them

\_\_\_\_\_ Any concern about the safety of the home (doors do not lock properly, floor falling through, appliances that may be a safety hazard and need attention)

### **\* \* Those That DO NOT Meet the Criteria \* \***

- 1. Those that have a family member that lives with them (if they are left alone every day we may be able to take them as a client)**
- 2. Referrals that may have Dementia or Alzheimer's.**
- 3. Referrals that have a tendency to become violent.**