



REFERRAL FORM

Migrant Agricultural Worker Program (MAWP)

145 Queenston St., Suite 100
St. Catharines, Ontario L2R 2Z9

Phone: 905-688-2558 Ext. 309

Fax: 905-688-4678

Website: questchc.ca/participate-at-quest/mawp/

To: Migrant Agricultural Worker Program (MAWP)

Fax number: 905-688-4678

Referring Person/Agency: _____

Contact Person: _____

Phone number: _____

Fax number: _____

Date: _____

Client name: _____

Client number: _____

Best way to contact: Call Text WhatsApp

Best time to contact: Lunch Evening Other

Address: _____

City: _____ **Postal Code:** _____

Farm Name: _____

Date of birth (MM/DD/YYYY): _____

Gender: Male Female Other

Language: English Spanish Other: _____

Health Card #: _____ **Exp:** _____

1) Has client consented to care / aware of referral: YES NO

2) Referring Person/Agency connection to migrant worker (i.e. employer, community partner/agency):

3) Your role in the client's care (has client consented to your role?): YES NO

4) Reason for referral (chief complaint):

5) Other relevant history:

6) Date leaving Canada (if known): _____

***Please note:** Complete as much of the referral information as you can. If you are unable to fax a referral, please provide the information on our confidential phone line at 905-688-2558 ext. 309. Quest CHC will try to respond to referrals within 2-3 days. For more information about the MAWP, contact the Quest CHC Community Health Worker at 905-688-2558 ext. 309.