

Referral to Homewood Health

Complete the form to the best of your abilities, then return to recovery@ualberta.ca. Completion of this form will involve Homewood Health.

Check (☑) Reason for Referral: IMPORTANT – selecting the correct Service Type will avoid delays		
<input checked="" type="checkbox"/>	HHI Service Type	Description of Service
<input type="checkbox"/>	Medical Leave/General Illness (Short Term Disability)	Staff Members who are off work for medical reasons, performing modified work (hours and/or duties), or have a future-dated scheduled medical procedure.
<input type="checkbox"/>	Absence Management	Review required to determine whether or not recurring absences are medically supported. If applicable, confirmation of restrictions/limitations, and/or recommended accommodation(s)
<input type="checkbox"/>	Accommodation Review	Review required to determine if a request for accommodation (that is not a request for modified hours and/or duties) is medically supported. If applicable, confirmation of restrictions/limitations, and/or recommended accommodation(s)
<input type="checkbox"/>	Disability Management at Work	Assistance to remain at work i.e., Support to staff members who are at work doing full duties and hours , who do not require STD, Absence Management or Accommodation Review services.
Manager/Supervisor Information		HRS Information
Manager/Supervisor Name:		HRP Contact Name:
Manager/Supervisor Email:		HRP Primary Phone:
Title:		HRP Email:
Faculty Name:		HRP Alternate Phone:
Department Name:		Department Next Level Management Supervisor:
Employee Information		
Last Name:		First Name:
Employee ID:		Preferred Pronoun: <input type="checkbox"/> She/Her <input type="checkbox"/> He/His <input type="checkbox"/> They/Their <input type="checkbox"/> Prefer not to specify <input type="checkbox"/> Pronoun other than listed
Primary Phone:		Work Email:
Preferred Language:		Date of Birth:
Address (optional):		City: Province: Postal Code:

Association: <input type="checkbox"/> Academic <input type="checkbox"/> Support <input type="checkbox"/> Excluded <input type="checkbox"/> MAPS <input type="checkbox"/> Other	Job Standard Hours:
Faculty:	Department ID:
Job Title:	Safety Sensitive? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	Salary/Hourly Wage:
Date of Hire:	Benefit Hours Remaining:
Staff member's regular work schedule:	
Information Concerning the Staff Member's Absence	
Do you require a call from the Health Support Consultant prior to contacting the staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Illness/Injury:
First Day Absent or First Day of Modified Work:	Last Day Worked Full Time/Full Duties <i>(Leave blank if the staff member is currently working full hours / duties):</i>
Current Work Status: <input type="checkbox"/> Not At Work <input type="checkbox"/> At Work Full Time/Full Duties <input type="checkbox"/> At Work Modified Duties <input type="checkbox"/> At Work Upcoming Absence	
Has the department notified the staff member of this referral to Homewood Health? Yes No	
Note: An auto-email confirmation will be sent to the staff member immediately after the referral is submitted.	