|  |  |  |  |
| --- | --- | --- | --- |
| **Today’s Date:** | Click here to enter a date. | **CID:** | CID. |
| **Name:** | Lastname, Firstname | **D.O.B:** | MM-DD-YYYY |
| **Referral Source:** | Click here to enter text. |  |  |
| **Is an interpreter required?** |[ ]  Yes |[ ]  No |
|  |  |  |  |  |
| REQUIRED ELIGIBILITY CHECKLIST  |
|[ ]  18 years-of-age and older (or 16+ in Waterloo Region) |
|[ ]  Diagnosis and/or diagnosable disorder with complex needs arising from mental health conditions and/or an addiction, concurrent or dual diagnosis |
|[ ]  Anticipated and/or current duration at least 6 months to a year, or more |
|[ ]  Negative impact of the disability in one or more major life activities (e.g., unable to navigate the community; experience functional impairments in: self-care, household management, social isolation, day time activities, etc.) |
|[ ]  Significant history or need of contact with a treatment provider and/or facility, such as inpatient hospital stays; there may be repeated ED visits or multiple contacts with the criminal justice system**Those typically not eligible:*** Situational life stressors that result in temporary problems in living
* People who experience age related cognitive decline (e.g., dementia) are better served by senior services.
 |
|  |
| HOUSING |
| **Please describe your current housing situation (check only one):** |
|[ ]  No place to stay at all (no fixed address) |[ ]  Temporary with friends |
|[ ]  Hostel and/or Emergency Shelter |[ ]  Placement at mental health facility/hospital  |
|[ ]  Family Home |[ ]  Substandard Apartment |
|[ ]  Rooming and/or Boarding house  |[ ]  Short-term group home  |
|[ ]  Motel and/or hotel  |[ ]  Other (specify):  | Click here to enter text. |
|  |
| **Do you have any special requirements for housing such as accessibility issues, or dependent children living with you?**  |
| No |
|  |
| **Please explain why you have decided to apply for supportive housing (current situation, symptoms and needs)?**. |
|  |
| **Are mental health issues interfering with completion of your life goals?** |[ ]  Yes |[ ]  No |
| HOUSING REQUESTED |
| **Type of housing requested (you can request transitional and longer term at the same time):** *(eg. Rent subsidy thru Dunara, WRH, CMHA)* |
|[ ]  Transitional (Discovery House) |[ ]  Intensive Supportive Housing—Off—Site Supports |
|[ ]  Step-Down from In-Patient @ Homewood Health Centre (Discovery House) |[ ]  Intensive Supportive Housing—On—Site Supports(eg. WRH group home) |
|[ ]  Shared Independent Living (eg. WRH)  |[ ]  24/7 group home with structured program (eg. Dunara only) |
|  |
| **Do you have a preferred location?** |
|[ ]  No |[ ]  Kitchener-Waterloo |[x]  Cambridge |[ ]  Guelph Wellington Dufferin |
|  |
| **Are you currently on any other housing waiting lists?** |[ ]  Yes |[ ]  No |
|  **If yes, specify:** |   |
|  |
| ADDITIONAL SUPPORTS REQUESTED  |
| **What areas of life do you need support with? (check as many as you want)** |
|[ ]  Personal planning and decision-making (Recovery Planning) |[ ]  A place to live/Housing |[ ]  Employment |[ ]  Education |
|[ ]  Volunteer work |[ ]  Recreation/leisure activities |[ ]  Support Groups/self-help |[ ]  Emotional support |
|[ ]  Friendships and social contacts |[ ]  Household skills training (e.g., cooking) |[ ]  Accessing Health Treatment Services (ie. Family Doctor, Psychiatric Treatment) |[ ]  Financial(ie. budgeting, application for pension) |
|[ ]  Concurrent Mental Health & Addictions supports |[ ]  Accessing Social Services |[ ]  Legal supports, Diversion/Court Support |[ ]  Medication management |
|[ ]  Crisis Intervention planning |[ ]  Risk Concerns-Self, Others |[ ]  Risk Concerns-Others |  |  |
|[ ]  Other (specify): | Click here to enter text. |

|  |
| --- |
|  |
| MARITAL STATUS |
|[ ]  Single (never married) |[ ]  Separated or Divorced |[ ]  Married/Partner/Common-Law | # dependents: # |
|[ ]  Widow/Widower |  |  |  |  |  |

|  |
| --- |
|  |
| INCOME |
| **Are you currently receiving ODSP?**  |[ ]  No |[ ]  Yes for: [ ]  Income Support | [ ]  Employment Support |
| **Are you receiving Ontario Works?**  |[ ]  No |[ ]  Yes |  |
|  **If Yes, workers name:** |   | **Phone:** |   |
| **What is your current monthly income?** | income | **Source:** |   |
|  |
| SUBSTANCE USE HISTORY |
| **Do you have a substance abuse issue and/or addiction?**  |[ ]  Yes |[ ]  No |
| **Please explain:** |   |
| **What drugs (including alcohol) have you used in the last 12 months:** |   |
| **How has alcohol/drug use affected your life?** |   |
| **How often do you use alcohol/ non-beverage alcohol?** |   |
| **How often do you use other drugs?** |   |
|  |  |
| HEALTH & MENTAL HEALTH |
| **Do you experience any…** |
|  **Physical health concerns?** |[ ]  Yes |[ ]  No |
|  **If yes, please list any current or previous physical health diagnoses/concerns:** |
|  | Click here to enter text. |
|  **Mental health concerns?** |[ ]  Yes |[ ]  No |
|  **If yes, please list any current or previous mental health *diagnoses*:** |
|  |   |
|  | **Please list any undiagnosed mental health concerns:** | Click here to enter text. |

|  |
| --- |
| **Current medications:** |
| **Name** | **Dose** |  | **Name** | **Dose** |
|   |   |  | medication. | Dose |
| medication. | dose |  | medication. | Dose |

|  |  |
| --- | --- |
|  |  |
| **Current Health or Mental Health Supports:**  | LHIN, Karen Simpson, & SOS Nikki |
|  |
| EMERGENCY SERVICES/HOSPITALIZATION HISTORY |
| **Have you been to the hospital emergency department in the last 12 months?**  |[ ]  Yes |[ ]  No |
| *(ex. Breathing problems, anxiety/panic, depression, overdose, attempted suicide, alcohol poisoning, fights, falls, stitches, heart problems, car accident, assault, sexual assault, seizures, etc.)* |
| **If yes, how many times:**  | Click here to enter text. |
| **What problems took you to the emergency department?** | Click here to enter text. |
| **Have you been hospitalized in the last 12 months?**  |[ ]  Yes |[ ]  No |
| **If yes, how many times:**  | Click here to enter text. |
| **Why were you admitted to hospital?** | Click here to enter text. |
| **Have you accessed/been admitted to a Detox/Withdrawal Management or Police Detox “drunk tank” in the last 12 months?**  |[ ]  Yes |[ ]  No |
| **If yes, how many times:**  | Click here to enter text. |
|  |

|  |
| --- |
| EDUCATION |
| **What is the highest level of education you have completed?** (check one) |
|[ ]  No formal schooling |[ ]  Some primary school |[ ]  Some high school |[ ]  Some college |[ ]  Some university |
|  |  |[ ]  Completed primary school |[ ]  Completed high school |[ ]  Completed college |[ ]  Completed university |

|  |
| --- |
| EMPLOYMENT STATUS |
| **Please check your current status:** |
|[ ]  Full-Time |[ ]  Unemployed |[ ]  Not in labour force |[ ]  Disabled |
|[ ]  Part-Time |[ ]  Student/Retraining |[ ]  Retired |[ ]  Unknown |
|[ ]  Volunteering |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous employers (if applicable):** | Employer | **Date:** | Date. |
|  | Employer | **Date:** | Date. |
|  |
| LEGAL HISTORY |
| **Are you on probation?** |[ ]  Yes |[ ]  No | **Are you on parole?** |[ ]  Yes |[ ]  No |
|  **If yes to any above, until when?** |   |
|  **If yes, please list conviction and conditions of probation/parole:** | Click here to enter text. |
| **Do you have any outstanding charges, bench warrants?**  |[ ]  Yes |[ ]  No |
| **Do you have any outstanding court dates?**  |[ ]  Yes |[ ]  No |
| **Have you had a recent (past 6 months) criminal background check completed?**  |[ ]  Yes |[ ]  No |
|  **If no, would you be willing to submit to one?**  |[ ]  Yes |[ ]  No |
|  |  |
| SUPPORT NETWORKS |
| **Do you have a network of support people from the following examples?** |
| 1. **Family Members**
 |[ ]  Yes |[ ]  No |
| 1. **Supportive Peers or Friends**
 |[ ]  Yes |[ ]  No |
| 1. **Addiction Counsellor**
 |[ ]  Yes |[ ]  No |
| 1. **Sponsor**
 |[ ]  Yes |[ ]  No |
| 1. **Self-Help/Support Group**
 |[ ]  Yes |[ ]  No |
| 1. **Support Coordinator**
 |[ ]  Yes |[ ]  No |
|  **If yes, Name:** |  |
| 1. **Other**
 |[ ]  Yes |[ ]  No |
| Name: |   | Relationship: | Click here to enter text. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Completed By: |   | Position: |   |