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| **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 | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | |  | | | | Cambridge | | | | | | | | |  | | | | Guelph Wellington Dufferin | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you currently on any other housing waiting lists?** | | | | | | | | | | | | | |  | | | | | Yes | | | | | |  | | No | | | | | | | | |
| **If yes, specify:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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| 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?** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| 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. | | | | | | | | |

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

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| **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. | | | | | | | | | | | | | | |
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| 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 |

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

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| **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. | | | | | | | | | | |
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| Completed By: |  | Position: |  |