| Date: (yy/mm/dd) |  Name of Individual: Last, First | CID:       |
| --- | --- | --- |
|  |  |  |
| Please Note: Incomplete Referrals will not be processed and will be returned |
| Client / Patient Information | Referral Source Information |
| Date of Birth: |       | Referral Source: |       |
| Home Phone number: |       | Name: |       |
| Cell Phone number: |       | Phone number: |       |
| Preferred mode of Contact? [ ]  Home phone [ ]  Cell phone | Can we leave a message: [ ]  Yes [ ]  No |
| Is an interpreter required?  | [ ]  Yes [ ]  No | Language: |       |
| Staff who completed the referral: |       |
| Does this individual have mental health support from the following? |
| [ ]  ACTT | [ ]  FACTT | [ ]  Support Coordination | [ ]  COTT | [ ]  Stepdown |
| [ ]  Other, please describe:       |
| If not, is this individual on the Adult Intensive Services wait list?  | [ ]  Yes [ ]  No |
| If No, proceed to complete an Adult Intensive Services Referral Form. |
| Please Note: If the individual does not meet the mandatory core criteria (below – Questions 1-6)), do not proceed with the Supportive Housing Referral. |
| Thresholds Homes and Supports Supportive Housing Mandatory Core Criteria Assessment |
| 1. 18+ years of age
 |  [ ]  Yes  [ ]  No |
| 1. Do you have a serious and persistent mental health diagnosis from a medical professional? *(Diagnosis, date and name of Physician)*
 |  [ ]  Yes  [ ]  No\* |
| *\*If you answered YES to question 2, complete below:* |
| Diagnosis |       |
| Date of Diagnosis |       |
| Physicians Name |       |
| *\*If you answered NO to question 2, do you have a diagnosable mental health issue?*  | [ ]  Yes [ ]  No  |
|  Please explain:  |       |
| 3. Do you have a primary diagnosis of substance use? | [ ]  Yes\* [ ]  No |
| *\*If you answered YES, please complete concurrent supportive housing referral instead* |  |
| 4. Resides in Region of Waterloo or County of Wellington:  | [ ]  Yes [ ]  No\* |
| *\*If NO, list current address and reason why you would like to live in the Region of Waterloo or County of Wellington* |
| Reason why  |       |
| Current Address |       |
| 5. Do you feel that you require ongoing mental health support from a mental health support coordinator?  | [ ]  Yes\* [ ]  No |
| *\*If you answered YES to question 5, complete below:* |
|  Explain what this would look like:       |
| Do you agree to engage with ongoing mental health support services in your home and on a regular basis?  |  [ ]  Yes [ ]  No |
| 6. Are you in rental arrears with any housing provider in Ontario?  |  [ ]  Yes\* [ ]  No  |
| *\*If you answered YES to question 6, complete below:* |
|  Landlord Name |       |
|  Phone #  |       |
|  Arrears owing |       |
| Do you provide permission to contact the landlord?  | [ ]  Yes [ ]  No |
| If in arrears, are you engaged in a re-payment plan?  | [ ]  Yes [ ]  No |
| What does this entail? |       |
| Are you on the Region of Waterloo, County of Wellington or any other housing wait list?  | [ ]  Yes [ ]  No |
| *If NO, please advise person to apply for the Region of Waterloo and/or County of Wellington housing by going to the website or call to learn how to complete the application. (Listed Below)* |
| Region of Waterloo Website  | [Click Here](https://www.regionofwaterloo.ca/en/living-here/find-affordable-housing.aspx) | Phone # 519-575-4400 |
| County of Wellington Website | [Click Here](https://www.wellington.ca/en/social-services/ss-housing-services.aspx) | Phone # 519-824-7822 |
| Income |
| What is your current monthly income and source?  |
|       |
| Housing  |
| What is your current address? |       |
| Why do you want to move into Thresholds supportive housing? |       |
| Do you understand what supportive housing entails?  | [ ]  Yes [ ]  No |
| *(Thresholds supportive housing includes housing options such as congregate living, smaller shared living homes and independent subsidized apartments. Support is linked with housing so each person will receive support from a mental health support worker to work on their personalized recovery goals.)* |
| Please describe any special requirements for housing such as accessibility issues or dependent children living with you? *(Ex. Stairs, mobility aides, service dog, etc.)*  |  |
| Only Housing from one category may be selected. |
|

|  |  |  |
| --- | --- | --- |
| HousingCategories | Type of Housing | ✓If requested |
|  |
| A | Independent Living – off Site Supports*(Kitchener, Waterloo, Cambridge or Guelph, Wellington, Dufferin)* |  |
| Shared Independent Living – Off Site Supports*(Kitchener, Waterloo, Cambridge, or Guelph)* |  |
|  |  |  |
| B | Intensive Supportive Housing - Daily On Site Supports*(Congregate homes in Kitchener and Cambridge, 2-8 hours support per day)* |  |
|  |  |  |
| C | Intensive Supportive Housing – 24/7 Daily On Site Supports*(Congregate home in Kitchener)* |  |
| Intensive Supportive Housing – 24/7 Daily On Site Supports*(Congregate home in Guelph)* |  |
| Transitional Housing – 24/7 Daily On Site Supports*(Guelph – maximum 364 day tenancy)* |  |

 |
| Physical Health |
| 1. Do you have any mobility issues? | [ ]  Yes\* [ ]  No |
| *\*If you answered YES, complete below:* |
| Please list use of walker, cane, wheelchair or other assistive devices      |
| 2. Current Health and/or Mental Health Supports: *(Provide name and contact numbers)* |
| Name |       |
| Contact # |        | Permission to Contact?  | [ ]  Yes [ ]  No |
| Name |       |
| Contact # |        | Permission to Contact?  | [ ]  Yes [ ]  No |
| Name |       |
| Contact # |        | Permission to Contact?  | [ ]  Yes [ ]  No |
|  |  |  |  |
| Legal History |
| 1. Please describe any past or current Police Involvements *(legal charges, harm to self or others)* |  [ ]  Yes\* [ ]  No | 2. Are you on parole? | [ ]  Yes\* [ ]  No |
| *\*If YES to any above, until when?*        |
| *\*If YES, please list conviction and conditions of probation/parole:*Conviction 1:       |
| Conviction 2:       |
| 2. Do you have any outstanding charges, bench warrants? | [ ]  Yes [ ]  No |
| 3. 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? |
| Family Members | [ ]  Yes [ ]  No |
| Supportive Peers or Friends | [ ]  Yes [ ]  No |
| Addiction Counsellor | [ ]  Yes [ ]  No |
| Sponsor | [ ]  Yes [ ]  No |
| Self-Help/Support Group | [ ]  Yes [ ]  No |
| Support Coordinator *\* If YES,* *Name:*      *Contact Information:*       | [ ]  Yes\* [ ]  No |
| OtherName:      Relationship:      Contact Information:       | [ ]  Yes [ ]  No |
|  |  |
|  |
| In order for your name to remain on the supportive housing wait list, you are required to contact Thresholds when you move and/or change your phone number so we can reach you when housing becomes available. |
| Completed By: |       |
| Position: |       |