| 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. | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Housing  Categories | 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 | |
| Other  Name:  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: |  | | | | | | | | | | | | | | | | | | | | | | |