| Date of Birth: (yy/mm/dd) |  Name of Individual: Last, First | CID:       |
| --- | --- | --- |
|  |  |  |
| *Incomplete Referrals will not be processed and will be returned* |
| Client / Patient Information |
| Home Phone: |       | Cell Phone: |       |
| Health Card: |       | Version code: |       |
| Preferred mode of contact:  | [ ]   | Home  | [ ]   | Cell  | Can we leave a message:  | [ ]   | Yes  | [ ]   | No |
| Is an interpreter required: | [ ]   | Yes  | [ ]   | No | Language: |       |
| Emergency Contact |
| Name: |       | Relationship: |       |
| Home Phone: |       | Cell Phone: |       |
| Preferred mode of contact:  | [ ]   | Home  | [ ]   | Cell  | Can we leave a message:  | [ ]   | Yes  | [ ]   | No |
| Is an interpreter required: | [ ]   | Yes  | [ ]   | No | Language: |       |
| Referral Source Information |
| Referral source: |       | Name:  |       | Phone: |       |
| Staff completing referral: |       | Position: |       |
| Does this individual have mental health support from the following: |
| [ ]  | ACTT | [ ]  | FACTT | [ ]  | Support Coordination | [ ]  | COTT | [ ]  | Stepdown | [ ]  | Other |
| If other, describe: |       |
| If No, 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?
 | [ ]   | Yes\* | [ ]   | No\*\* |
| *\*If you answered YES to question 2, complete below:* |
| Diagnosis: |       |
| Date of diagnosis: |       | Physician name: |       |
| *\*\*If you answered NO to question 2, complete below:* |
| 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: |       | City: |       | Postal Code: |       |
| 5. Do you feel that you need 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 |
| Describe: |       |
| 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  |
| Current address: |       | City: |       | Postal Code: |       |
| 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)* | [ ]  |
|  | Community Homes for Opportunity *(CHO)* | [ ]  |
| 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 above, until when:* |        |
| \*If YES, list conviction and conditions of probation/parole below: |
| Conviction 1: |       |
| Conviction 2: |       |
| 3. Do you have any outstanding charges, bench warrants? | [ ]   | Yes  | [ ]   | No |
| 4. 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 | [ ]   | Yes\* | [ ]   | No |
| *\*If YES* | Name:  |       | Contact information: |       |
| Other | Name: |       | Relationship: |       |
| Contact Information:  |       |
| 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. |
| Signature: |       | Date: |       |