| Date: (yy/mm/dd) |  Name of Individual: Last, First | CID:       |
| --- | --- | --- |
| Date of Birth: (yy/mm/dd) |  |  |
|  |
| *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: |       |
| Family Physician:  |       |  |
| 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: |       |
| **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, daytime 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 systemThose 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):*  |       |
| Do you have any special requirements for housing such as accessibility issues, or dependent children living with you?  |
|       |
| 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): (e.g., Rent subsidy thru Dunara, Thresholds, 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 |
| [ ]   | Shared Independent Living |
| 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: |       |
| **Additional Supports Requested**  |
| What areas of life do you need support with? *(check as many as you want)* |
| [ ]   | Friendships and social contacts | [ ]   | A place to live/housing | [ ]   | Employment |
| [ ]   | Education | [ ]   | Volunteer work | [ ]   | Recreation/leisure activities |
| [ ]   | Support groups/self-help | [ ]   | Emotional support | [ ]   | Accessing social services |
| [ ]   | Household skills training *(e.g., cooking)* | [ ]   | Accessing health treatment services  *(family doctor, psychiatric treatment)* | [ ]   | Financial (i.e., budgeting, application for pension) |
| [ ]   | Concurrent mental health & addictions supports | [ ]   | Personal planning and decision-making *(Recovery planning)* | [ ]   | Legal supports, diversion/ court support |
| [ ]   | Medication management | [ ]   | Crisis intervention planning | [ ]   | Risk concerns-self, others |
| [ ]  | Risk concerns-others | [ ]   | Other *(specify):*        |
| **Marital Status** |
| [ ]   | Single *(never married)* | [ ]   | Separated or divorced | [ ]   | Married/ partner/ common-law |
| [ ]   | Widow/widower | [ ]   | Number of dependents:       |
| **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? |       | 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: |
|       |
| Mental health concerns? | [ ]   | Yes  | [ ]   | No |
| If yes, please list any current or previous mental health *diagnoses*: |
|       |
| Please list any undiagnosed mental health concerns: |
|       |
| **Current Medications** |
| Drug | Dose | Frequency |
| Drug | Dose | Frequency |
| Drug | Dose | Frequency |
| **Support Networks** |
| Do you have a network of current health or mental health support 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:  |       |
| **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:  |       |
| What problems took you to the emergency department? |
|       |
| Have you been hospitalized in the last 12 months?  | [ ]   | Yes  | [ ]   | No |
| If yes, how many times:  |       |
|  |  |
| Why were you admitted to hospital? |
|       |
| 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:  |       |
| **Education** |
| [ ]   | No formal schooling | [ ]   | Some primary school | [ ]   | Completed primary school |
| [ ]   | Some high school | [ ]   | Completed high school | [ ]   | Some college |
| [ ]   | Completed college | [ ]   | Some university | [ ]   | Completed university |
| **Employment Status** |
| **Please check your current status:** |
| [ ]   | Full-Time | [ ]   | Unemployed | [ ]   | Retired |
| [ ]   | Part-Time | [ ]   | Student/Retraining | [ ]   | Disabled |
| [ ]   | Volunteering | [ ]   | Not in labour force | [ ]   | Unknown |
| Previous employers (if applicable): |
| Employer: |       | Date: |       |
| Employer: |       | 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: |
|       |
| 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 |
| Completed by (signature): |       | Date: |       |