| Date: yy/mm/dd | | Name of Individual: Last, First | | | | | | | | | | | | Date of Birth: yy/mm/dd | | | | | CID: | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | |
| Referred by: |  | | | | | Agency/role: | |  | | | | | | | Is client aware of referral: | | | | | Yes | No |
| Demographic Info | | | | | | | | | | | | | | | | | | | | | |
| Gender: | | |  | | | | Age: | |  | | | Pronoun(s): | | | |  | | | | | |
| Race/ethnicity | | |  | | | |  | |  | | |  | | | |  | | | | | |
| Preferred phone: | | |  | | | | | Any msg: | | | | | Discreet msg only: | | | | No msg: | | | | |
| Email: | | |  | | | | | Any msg: | | | | | Discreet msg only: | | | | No msg: | | | | |
| Preferred method of contact: | | | | Select | | | | | | | | | | | | | | | | | |
| Current address: | | |  | | | | | | | | | | | | | | | | | | |
| Preferred location: | | | Select | | | | | | | | | | | | | | | | | | |
| Group Criteria | | | | | | | | | | | | | | | | | | | | | |
| **Provide information on current and historical suicidal ideation and attempts. Have you attempted suicide one or more times? Or do you experience persistent thoughts of suicide without any past suicide attempts? Provide additional relevant contextual information on dates, methods, plans, and access to means.** | | | | | | | | | | | | | | | | | | | | | |
| Qualifying Criteria | | | | | | | | | | | | | | | | | | | | | |
| **What is your current living situation?** | | | | | | | | | | | | | | | | | | | | | |
| For virtual groups Do you have reliable access to secure home internet and device (i.e. smart phone, tablet, laptop, etc.) and/or a cell phone or landline phone? | | | | | | | | | | | | | | | | | | | | | |
| For in-person groups, do you have reliable transportation to/from group? | | | | | | | | | | | | | | | | | | | | | |
| You must see a community support person (i.e. social worker, peer support worker, counsellor, therapist, sponsor, pastor) throughout the duration of group (i.e. weekly, bi-weekly). | | | | | | | | | | | | | | | | | | | | | |
| Who is your support person, not friend or family, and what is their contact info? Can we contact them if we can't get a hold of you? | | | | | | | | | | | | | | | | | | | | | |
| If not, are you willing to try to find a support person? | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been in support groups before? | | | | | | | | | | | | | | | | | | | | | |
| Group length preference: | | | |  | 4 week group (virtual) | | | | |  | 20 week group (virtual, and in person) | | | | | | |  | Both | | |
| Group experience is NOT essential though can be helpful. While waiting for Skills for Safer Living, we encourage exploring peer support groups through Self Help & Peer Support.  Use of substances (drugs, alcohol) must not impair your ability to participate in the group. | | | | | | | | | | | | | | | | | | | | | |
| What is Skills for Safer Living? | | | | | | | | | | | | | | | | | | | | | |
| Skills for Safer Living is a support group for individuals who have attempted suicide and/or live with persistent thoughts of suicide. The goal is to reduce the intensity, duration and frequency of suicide related thinking and behavior and to teach skills to aid participants in making “safer” choices.  Skills are explored over 20 group sessions by facilitating discussion through four interwoven modules: Safety Strategies, Emotional Literacy, Problem-Solving Strategies, and Relationship-Management. Each group facilitator is a mental health professional, and a peer – they have lived experience with mental health and/or suicide-related behaviour.  Skills for Safer Living began in 2010 by Dr. Yvonne Bergmans in Toronto and has been clinically proven to assist in the reduction in suicide related thinking and behaviour. | | | | | | | | | | | | | | | | | | | | | |
| If you have questions about the program, please call the Skills for Safer Living facilitation team at the Canadian Mental Health Association Waterloo-Wellington at 519-821-8089 ext. 4063 | | | | | | | | | | | | | | | | | | | | | |
| Once this referral is fully completed, fax it to Here 24/7 at 1-844-437-3329, and the client will be placed on the appropriate Skills for Safer Living waitlist.  Client will be contacted approx. one month prior to the start of group for a more in-depth intake interview.  Should client contact information change while on the waitlist, they can call Here 24/7 at 1-844-​437-3247 to update their file. | | | | | | | | | | | | | | | | | | | | | |
| CC: Client Family:       Date:  Referral Source/GP:       Date:  Other:       Date: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |

INTERNAL USE ONLY  
Complete SAFE-T Protocol at the time of the first contact with H24/7