| **Date**: (yy/mm/dd) | | **Name of Individual:**  Last, First | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date of Birth:** (yy/mm/dd) | | | | | | | | | | | **CID:** | | | | | | | | | | | | | | | | | | | | | | | |
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| ***Incomplete Referrals will not be processed and will be returned*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Client / Patient Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home Phone:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | **Cell Phone:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email Address:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Health Card:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | **Version Code:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preferred mode of contact:** | | | | | | | |  | **Home** | | | | | | |  | | | **Cell** | | | | | |  | | **Email** | | | | **Can we leave a message?** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **Yes** | | | |  | | | | **No** | | | | |
| **Is an interpreter required:** | | | | | | | |  | **Yes** | | | | | |  | | | | **No** | | | | | | | | | | | | | **Language:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Physician:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender Identity:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **Sexual Identity:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Racial/Indigenous Identity:** | | | | | | | |  | | | | | | | | | | | | **New Canadian** - moved to Canada within the last 6 months: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **Yes** | | | | | |  | | | | **No** | | | | |
| **Level of Education:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Veteran:** | | | | | | | | | | | | | | | | | | |  | | | | | **Yes** | | | | | |  | | | | **No** | | | | |
| **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 or older** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Must live in the Region of Waterloo or County of Wellington or have a plan to move to either area** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Willing and motivated to engage with support worker on a weekly to monthly basis in goal-oriented support (**monthly basis is the minimum meeting requirement). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Check if*  *both*  *1.* ***AND***  *2. apply* | **1. Diagnosis or symptoms of one of the following for at least two years:**   1. Clearly identified primary psychotic disorder/psychosis (schizophrenia, schizoaffective, delusional disorder).  * May or may not be present with violence due to psychotic disorder. * May or may not present with secondary diagnosis.  1. Bipolar Disorder variant types  * May or may not be present with psychosis.  1. Depression/Anxiety 2. Personality Disorders   ***AND***  **2. Have challenges in one or more of the following areas:**   1. Basic Needs (e.g. food, shelter, finances) 2. Activities of Daily Living (e.g. education, employment, self-care, etc.) 3. Mental and physical health needs 4. Risk to Self 5. Substance use 6. Establishing or maintaining a personal social support system | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supports Requested** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **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):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Health & Mental Health** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have any physical health concerns?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **Yes** | | | | | | |  | | | | | **No** | | | |
| **If yes, please list any current physical health diagnoses/concerns:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Do you have any mental health concerns?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **Yes** | | | | | | |  | | | | | **No** | | | |
| **If yes, please list any current or previous mental health diagnoses:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please list any undiagnosed mental health concerns:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Substance Use History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have a substance use issue?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **Yes** | | | | | | | | |  | | | **No** | | | |
| **How often do you use alcohol?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **How often do you use other drugs?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Have you been hospitalized in the last 12 months?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **Yes** | | | | | | | | |  | | | **No** | | | |
| **If yes, how many times:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Why were you admitted to hospital?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **Mental Health Facility/Hospital** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Family Home** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **Group Home** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Rooming and/or Boarding House** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **Encampment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Motel and/or Hotel** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **Subsidized Apartment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Owned Home** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **Market Rent Apartment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Other** (*specify)****:*** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have any special requirements for housing such as accessibility issues, or dependent children living with you?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please explain why you have decided to apply for supportive housing *(current situation, symptoms and needs)*?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Income** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is your income source?** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is your current monthly income?** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Marital Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Single *(never married)*** | | | | | | | | | | | | | | | | | | | | |  | **Separated or divorced** | | | | | | | | | | | | | | | | | | | | |  | | | **Married/ partner/ common-law** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Widow/widower** | | | | | | | | | | | | | | | | | | | | |  | **Number of dependents**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Do you have any outstanding charges, bench warrants?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Yes** | | | |  | | | | | | | **No** | |
| **Do you have any outstanding court dates?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Yes** | | | |  | | | | | | | **No** | |
| **Completed by** (signature): | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |