| **Date**: (yy/mm/dd) |  **Name of Individual:**  Last, First |  **Date of Birth:** (yy/mm/dd) | **CID:**       |
| --- | --- | --- | --- |
|  |
| ***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:** |
|       |
| **Do you have any mental health concerns?** | [ ]  | **Yes** | [ ]  | **No** |
| **If yes, please list any current or previous mental health diagnoses:** |
|       |
| **Please list any undiagnosed mental health concerns:** |
|       |
| **Substance Use History**  |
| **Do you have a substance use issue?**  | [ ]  | **Yes** | [ ]  | **No** |
| **How often do you use alcohol?** |
|       |
| **How often do you use other drugs?** |
|       |
| **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:** |       |
| **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?**  |
|       |
| **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)* |
| [ ]  | **Intensive Supportive Housing—Off—Site Supports** |
| [ ]  | **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:** |
|       |
| **Do you have any outstanding charges, bench warrants?**  | [ ]  | **Yes** | [ ]  | **No** |
| **Do you have any outstanding court dates?**  | [ ]  | **Yes** | [ ]  | **No** |
| **Completed by** (signature): |       | Date: |       |

**\*\*Once completed please fax to 1-844-HERE-FAX (844-437-3329)**

**Any Questions Please Contact us anytime at 1 844 437 3247 (HERE247) Temporary Number 226-790-4529 or TTY: 1-877-688-5501**