| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \***Notice:** We may review Clinical Connect and files from CMHA WW for the purpose of clarifying eligibility criteria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
|  | | | | 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). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **A primary diagnosis or clinical impression of one or more of the following serious and persistent mental health illnesses for at least two years:**   * Schizophrenia spectrum or other psychotic disorders * Bipolar or related disorders * Anxiety or Depressive disorders   **AND**  Meet at least 3 of the 5 categories of functional disability, as a result of mental illness **not** primarily relating an acquired brain injury or developmental disability:   * Requires support with instrumental activities of daily living such as managing finances, managing transportation, shopping and meal preparation, house cleaning and home maintenance, managing communication and managing medications. * Is unemployed, is employed in a sheltered setting or supportive work situation, or has markedly limited skills and a poor work history * Safety concerns related to self or others, or exhibits inappropriate social behavior which results in intervention by the mental and/or judicial system * Has difficulty in establishing or maintaining a personal social support system/ limitations or moderate impairment in social functioning * Requires public financial assistance from out-of-hospital maintenance and may be unable to procure such assistance without help | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |
| **Supports Requested** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Connection/Referral to Community Services (e.g. OW, ODSP, DSO, Traverse Independence) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Managing Symptoms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication Management | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Contact & Relationship Skill-Building | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safety and/or Crisis Planning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daily Living: Meal Preparation\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daily Living: Housekeeping (e.g. cleaning)\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Household Skills Training (support and training to independently manage home skills such as meal preparation and cleaning) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daily Living: Laundry\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Using Public Transportation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shopping (e.g. groceries, toiletries) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emotional Support | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income or Finances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wellness & Recovery Planning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Supports, Diversion/Court Support | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accessing Medical Treatment Services (e.g. family doctor, foot treatment, diabetic education) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accessing Additional Mental Health Supports (e.g. Counselling, psychiatrist, DBT training) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Concurrent/Addictions Supports | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ongoing support required | | | | | | | | | | | | | | | | | | |  | | | | | | Time limited support | | | | | | | | | | | | | | | | | | | | |  | | | | | | | No support required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **Scattered Site Units** Intensive Off-Site Supports | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Congregate Home** 24 Hour On-Site Mental Health Supports and some IADL Supports | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **Shared Scattered Site Units** Intensive Off-Site Supports | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Congregate Home** 2-8 Hour On-Site Supports and some IADL Supports | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **Scattered Site Units with Dependents**  Intensive Off-Site Supports | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Congregate Home** Shared Bedroom, 24 Hour On-Site IADL Supports, Off-Site Mental Health Supports | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a preferred location? Please rank your choices from 1 to 3. *1 = most preferred, 3 = least preferred.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 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: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**\*\*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**