



SHELTER NOW REFERRAL FORM

Applicant Name: _____ Referral Date: _____
(dd/mm/yy)

Co-applicant Name: _____

Referring Agency/Program: _____

Referring Person: _____ Phone: _____

Has a SPDAT been completed? Yes No if yes, date it was completed ___/___/___ score _____
(dd/mm/yy)

Demographics:

Birth Date: ___/___/___ Age: _____ SIN Number: _____

Sex: _____ do you identify as First nations Metis Inuit

Last Grade Level of School Completed: _____

Applicant's Current Address & Phone Number:

Next of Kin: (Name/Address/Phone Number/Relationship)

Do you have a birth certificate? Y N

If not, you must have proof of application to enter the program.

Marital Status: _____

Spouse Name: _____

Birth Date: ___/___/___ Age: _____ Sex: _____

Children:

Name: _____ Birth Date: ___/___/___ Sex: _____

Name: _____ Birth Date: ___/___/___ Sex: _____

Name: _____ Birth Date: ___/___/___ Sex: _____



Children are Dependant: Yes No

Medical Information:

Do you have a disability? Y N

If yes, please explain: _____

Mental Health Issues: Y N

If yes, what is the Diagnosis? _____

Medications: _____

Is there a Community Treatment Order? Y N

If yes, what are the conditions? _____

Current Physical Health: Good Fair Poor

Medical Conditions: _____

Medications: _____

Prior Hospitalization

Date of most recent admission: ___/___/___

How long did you stay? _____

Reason for Admission: _____

Prior Inpatient Treatment (Waypoint, or other Psychiatric Facility)

Date of most recent admission: ___/___/___

Reason for Admission: _____

How long did you stay? _____

How many times have you been admitted? _____

Legal Status:

Criminal Record? Y N If yes, what are your convictions? _____

Probation? Y N

If yes, please specify conditions: _____

Probation/Parole Start & End Dates: ___/___/___ to ___/___/___

Restraining Order? Y N If yes, with whom? _____

Legal Issues and/or Current Legal Problems: _____



Parole/Probation Officer's Name: _____

Phone #: _____

Is there Children's Aid Involvement? Y N If yes, what are the conditions? _____

What are the reasons for involvement? _____

Do you have children in CAS custody? Y N If yes, do you have access? _____

Case Workers Name: _____ Phone #: _____

Please Provide the Names/Phone Numbers/Addresses of the Following:

Case Manager Name: _____ **Agency:** _____

Phone #: _____ Meeting Frequency: _____

Addiction/Mental Health Worker Name: _____ **Agency:** _____

Phone #: _____ Meeting Frequency: _____

Employment Specialist Name: _____ **Agency:** _____

Phone #: _____ Meeting Frequency: _____

Psychiatrist Name: _____ **Agency:** _____

Phone #: _____ Meeting Frequency: _____

Primary Care Doctor Name: _____ **Agency:** _____

Phone #: _____ Meeting Frequency: _____

History and Background Information:

Prior suicide attempts? Y N

If yes, when? _____

Are you currently experiencing suicidal thoughts? Y N

If yes, please describe: _____

Does Applicant have a History of:

Violence: (homicide/assault/arson/property destruction): Y N

Date of most recent incident ___/___/___

If yes, please describe: _____

Abuse: (Physical, Emotional, Psychological, Sexual, or Self Abuse) Y N

Date of most recent incident ___/___/___

If yes, please describe: _____



Drug or Alcohol Abuse: Y N

Are you currently using drugs or alcohol? Y N

Have you been to treatment? Y N

Where? _____

When? ___/___/___

For how long? _____

If no, have you been referred or are you on a waitlist? Y N

Where? _____

Do you attend A/A, N/A, or C/A meetings?

How often?

Are you currently participating in a Methadone Maintenance Program? Y N

If yes, which clinic do you use? _____

What is your daily dose? _____ How many carries/week have you earned? _____

Have you contacted any of the following agencies?

Community Link: Y N

Chigamik: Y N

Waypoint Outpatients: Y N

Wendat: Y N

Huron Transition Homes: Y N

Salvation Army: Y N

Parenting/baby needs programs: Y N

Other: (Please Specify) _____

What was the outcome? (Please Circle)

Housing Support, Financial Support, Referrals to Agencies, Legal Support, Medical, Addiction Support, Mental Health Support, or other: _____

How do you like to spend your time?

Interests and hobbies: _____

What does your daily routine look like? _____

Current Supports and Services being utilized: (Family, Friends, Outpatients, Groups/Counseling, Social Clubs, etc.)



Vocational History and Current Work Status: (Current and past employers, positions)

Financial Information

1. Gross Monthly Income: \$ _____

2. Source of income: _____

Have you utilized the Housing Retention Fund Benefits? Y N

If yes, when? ___/___/___

Client's Life Skills – Please Rate yourself on the Following:

Budgeting/Handling Money (i.e. making sure all bills are paid on time)

Good **Fair** **Poor**

Please Explain: _____

Literacy and Communication (Written and oral)

Good **Fair** **Poor**

Please Explain: _____

Reliability and Punctuality (i.e. getting to appointments)

Good **Fair** **Poor**

Please Explain: _____

Social Skills (i.e. comfort level in a group or meeting new people)

Good **Fair** **Poor**

Please Explain: _____

Cooking

Good **Fair** **Poor**

Please Explain: _____

Home Management (i.e. regular housekeeping, having adequate groceries, personal hygiene products, toilet paper, etc. every month)

Good **Fair** **Poor**

Please Explain: _____

Please indicate goals that you would like to achieve in the next year:



Please identify areas of concern: (Housing, Budgeting, Mental Health, Disabilities, etc.)

Have you been evicted in the past 5 years? Please explain:

Please provide a list of residences from the past 5 years:

1. Address:

Duration of stay: Reason for leaving:

2. Address:

Duration of stay: Reason for leaving:

3. Address:

Duration of stay: Reason for leaving:

4. Address:

Duration of stay: Reason for leaving:

5. Address:

Duration of stay: Reason for leaving:

What is the current housing situation/crisis? What supports are needed immediately? Provide details of applicant's current situation:

Signature of Individual Making Referral:



While on the waitlist for the Residential Transitional Program, it is expected that you will communicate regularly with support staff to ensure your name stays on the waitlist. If this referral has been completed by another support agency please ensure that the applicant does a follow-up call to Shelter Now Support staff.