

Thresholds Homes and Supports Housing Support Services  
Mental Health Referral

PRIVATE AND CONFIDENTIAL



1 844 437 3247  
(HERE247)  
Call anytime to access  
Addictions, Mental Health  
& Crisis Services  
Waterloo-Wellington

|                  |                                 |                           |      |
|------------------|---------------------------------|---------------------------|------|
| 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: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Email | Can we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |
| Is an interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No                                  | Language:   |
| Family Physician:   |   |
| Gender Identity:  | Sexual Identity:  |
| Racial/Indigenous Identity:   | New Canadian - moved to Canada within the last 6 months: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Level of Education:   | Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No   |

**Emergency Contact**

|  |  |
|--|--|
| Name:  | Relationship:  |
| Home Phone:  | Cell Phone:  |
| Preferred mode of contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell | Can we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is an interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> 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).
- 1. **Diagnosis or symptoms of one of the following for at least two years:**
  - Check if both
  - 1. **AND**
  - 2. *apply*
  - A. Clearly identified primary psychotic disorder/psychosis (schizophrenia, schizoaffective, delusional disorder).
    - o May or may not be present with violence due to psychotic disorder.
    - o May or may not present with secondary diagnosis.
  - B. Bipolar Disorder variant types
    - o May or may not be present with psychosis.
  - C. Depression/Anxiety
  - D. Personality Disorders

**AND**

- 2. **Have challenges in one or more of the following areas:**
  - A. Basic Needs (e.g. food, shelter, finances)
  - B. Activities of Daily Living (e.g. education, employment, self-care, etc.)
  - C. Mental and physical health needs
  - D. Risk to Self
  - E. Substance use
  - F. Establishing or maintaining a personal social support system

**Supports Requested**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Friendships and social contacts | <input type="checkbox"/> A place to live/housing | <input type="checkbox"/> Employment                    |
| <input type="checkbox"/> Education                       | <input type="checkbox"/> Volunteer work          | <input type="checkbox"/> Recreation/leisure activities |
| <input type="checkbox"/> Support groups/self-help        | <input type="checkbox"/> Emotional support       | <input type="checkbox"/> Accessing social services     |

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|   |   |   |
|---|---|---|
| <input type="checkbox"/> Household skills training (e.g., cooking)      | <input type="checkbox"/> Accessing health treatment services (family doctor, psychiatric treatment) | <input type="checkbox"/> Financial (i.e., budgeting, application for pension) |
| <input type="checkbox"/> Concurrent mental health & addictions supports | <input type="checkbox"/> Personal planning and decision-making (Recovery planning)                  | <input type="checkbox"/> Legal supports, diversion/ court support             |
| <input type="checkbox"/> Medication management                          | <input type="checkbox"/> Crisis intervention planning   | <input type="checkbox"/> Risk concerns-self, others                           |
| <input type="checkbox"/> Risk concerns-others                           | <input type="checkbox"/> 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:

|   |  |
|---|--|
| <input type="checkbox"/> No place to stay at all (no fixed address) | <input type="checkbox"/> Temporary with friends          |
| <input type="checkbox"/> Hostel and/or emergency shelter            | <input type="checkbox"/> Mental Health Facility/Hospital |
| <input type="checkbox"/> Family Home                                | <input type="checkbox"/> Group Home                      |

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|  |  |
|--|--|
| <input type="checkbox"/> Rooming and/or Boarding House | <input type="checkbox"/> Encampment            |
| <input type="checkbox"/> Motel and/or Hotel            | <input type="checkbox"/> Subsidized Apartment  |
| <input type="checkbox"/> Owned Home                    | <input type="checkbox"/> Market Rent Apartment |
| <input type="checkbox"/> 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)

|   |   |
|---|---|
| <input type="checkbox"/> Transitional (Discovery House)                                       | <input type="checkbox"/> Intensive Supportive Housing—Off—Site Supports |
| <input type="checkbox"/> Step-Down from In-Patient @ Homewood Health Centre (Discovery House) | <input type="checkbox"/> Intensive Supportive Housing—On—Site Supports  |
| <input type="checkbox"/> 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**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Single (never married) | <input type="checkbox"/> Separated or divorced | <input type="checkbox"/> Married/ partner/ common-law |
| <input type="checkbox"/> Widow/widower          | <input type="checkbox"/> 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: \_\_\_\_\_