

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: ☐ 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

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January 2024

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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

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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:

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

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- | | |
|--|--|
| <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 (<i>specify</i>): | |

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

- | | |
|---|---|
| <input type="checkbox"/> Scattered Site Units
Intensive Off-Site Supports | <input type="checkbox"/> Congregate Home
24 Hour On-Site Mental Health Supports and some IADL Supports |
| <input type="checkbox"/> Shared Scattered Site Units
Intensive Off-Site Supports | <input type="checkbox"/> Congregate Home
2-8 Hour On-Site Supports and some IADL Supports |
| <input type="checkbox"/> Scattered Site Units with Dependents
Intensive Off-Site Supports | <input type="checkbox"/> 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

- | | | |
|--|--|---|
| <input type="checkbox"/> Single (<i>never married</i>) | <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: _____

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****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

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