

466 George Street, North Peterborough, Ontario K9H 3R7 Tel: (705) 748-6711

**Housing Support Services Referral Form 3-14**

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| **CMHA CLIENT** | **OTHER** : |
| **CMHA HOUSING** | **OTHER** : |

**SUBMISSION DATE:** **04/04/2013**

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| **CLIENT NAME:** | | **TELEPHONE:** | **ADDRESS:** | | | | | **REFERRAL BY:** | | **CURRENT SUPPORTS:** |
| **AGE:** | |  |  | | | | | **T:** | |  |
| **CURRENT DIAGNOSIS:** | | | **CURRENT SYMPTOMS:** | | | |  | | |  |
| **NONE** **MEDICATIONS:**  **COMPLIANT** **N** | | | **MOBILITY ISSUES:**  **N** OR | | | | **COGNITIVE ISSUES:**  **N** OR | | | **PET:**  **N** OR |
| **PLEASE IDENTIFY SPECIFIC NEEDS:** |  | | | |  | | | |  | |
|  |  | | | |  | | | | **OTHER:** | |
| **Please provide a brief synopsis of the client. Include mental health concerns, current level of functioning, barriers to services, addiction issues or**  **Attach Intake synopsis form** | | | | | | | | | | |
|  | | | | | | | | | | |
| **To Be Completed by Referral Source** | | | | | | | | | | |
| **Pre-visit Assessment Tool** | | | | | | | | | | |
| **Risk Identification** | | | | **Y/N** | | **Remarks** | | | | |
| 1. Is there a history of violent or aggressive behaviour by the client or person’s in the dwelling? | | | |  | |  | | | | |
| 1. Do you know of any triggers for the violent/aggressive behaviour, such as when limits are set, or during specific activities? | | | |  | |  | | | | |
| 1. Is the violent/aggressive behaviour directed toward a particular person or generalized, toward no one in particular? | | | |  | |  | | | | |
| 1. If directed at a particular person, what is the likelihood that this person will be in the home during a support worker’s home visit? | | | |  | |  | | | | |
| 1. Do you know of any restraining orders against anyone in the household? If yes, against whom (e.g. client, family member, or friend)? | | | |  | |  | | | | |
| 1. Will other people be in the residence during the visit? If so, do you know how many, what their relationship to the client is, whether there is any potential for violence? | | | |  | |  | | | | |
| 1. Have threats recently been made against the client? If so, who has made these threats? | | | |  | |  | | | | |
| 1. What is the client or family member’s:   Attitude to support worker | | | |  | |  | | | | |
| 1. Is there a current addiction concern, if so please identify current type and frequency of use | | | |  | |  | | | | |
| 1. Are there any physical hazards (obstructions, barriers, broken steps, free-roaming dogs, weapons) and, if so, is there a plan for controlling these hazards during the visit? | | | |  | |  | | | | |
| 1. Do you feel the work environment is unsafe? | | | |  | |  | | | | |

You will be notified in regards to your application. If accepted, the Housing Support Worker will contact you directly before making contact with the client.

Thank You for the referral request