

Stella's Circle

Hope Lives Here

Referral Form

COMMUNITY SUPPORT PROGRAM

REFERRAL INFORMATION <i>(omit this information if this is a self-referral)</i>	
Name of referral source:	Date of referral:
Agency/organization:	Telephone/Email:

APPLICANT INFORMATION	
Surname:	First Name:
Address:	Postal Code:
Date of Birth:	Telephone:
Social Insurance #:	Email:
MCP #:	MCP Expiry:
Emergency Contact Name:	Contact Telephone/Email:
2 nd Emergency Contact Name:	2 nd Contact Telephone/Email:
Psychiatric Diagnosis:	

APPLICANT ELIGIBILITY CRITERIA	
<i>Applicants must meet ALL of the following criteria:</i>	<i>Applicants must meet 3 or more of the following criteria:</i>
<input type="checkbox"/> 18 years of age or older	<input type="checkbox"/> Significant involvement with the mental health system
<input type="checkbox"/> In agreement with this referral	<input type="checkbox"/> Developmental disability
<input type="checkbox"/> Diagnosis of a mental illness and in need of intensive supports and/or case management	<input type="checkbox"/> History of significant alcohol/drug use
<input type="checkbox"/> Has exhausted other support options and/or options are inadequate to meet the individual's needs and he/she could benefit from coordinated service provision	<input type="checkbox"/> Significant involvement with the justice system
	<input type="checkbox"/> History of unstable housing
	<input type="checkbox"/> History of harmful behaviour to self or others or is likely to place self or others at risk

ASSESSMENT INFORMATION

Legal Orders *(please select the applicable orders)*

- Long Term Supervision Order
- NCR (Not Criminally Responsible) and followed by the Federal Review Board
- Probation
- Parole
- No criminal convictions
- Other

Please specify:

Accommodations Status *(please select one)*

- Primary Homelessness (e.g. living on the street)
- Secondary Homelessness - informal accommodation arrangements (e.g. with friends)
- Secondary Homelessness - emergency or crisis accommodation
- Transitional Housing (e.g. Community Correctional Centre)
- Long Term Stable Housing (e.g. rental/own home or living with family)
- Custody/Prison (earliest release date: _____)
- Hospitalization (admission date: _____)
 - Voluntary
 - Involuntary
- Long Term Unstable Housing

Please specify:

History of Engagement with Service/Support Providers

- Disengaged (e.g. has withdrawn from service providers and does not want support)
- Erratic (e.g. inconsistent or fluctuating engagement)
- Limited Engagement (e.g. willing to engage with certain service providers or in relation to some issues)
- Engaged (e.g. willing to work with service providers)

Mental, Emotional & Physical Health Status

A. Mental Health and Emotional Wellbeing *(please select one)*

- Unstable (e.g. mental health and/or emotional wellbeing issues unmanaged and affecting day-to-day functioning)
- Poor (e.g. mental health and/or emotional wellbeing issues partially addressed but continue to affect day-to-day functioning)
- Managed (e.g. mental health and/or emotional wellbeing issues assessed and being addressed)

B. Physical Health (please select one)

- Unstable (e.g. chronic health issues, unmanaged and impacting day-to-day functioning)
- Poor (e.g. chronic health issues not managed but do not impact day-to-day functioning)
- Managed (e.g. chronic health problems, diagnosed and being treated)
- Healthy (no known chronic health problems)
- Unknown

Level of Social Connection

A. Family (please select one)

- Socially Excluded (e.g. exhibits challenging attitudes/behaviours)
- Disengaged (e.g. does not have contact with family)
- Erratic (e.g. maintains contact with family but level of connection fluctuates)
- Connected (e.g. has contact with family)

B. Friendships (please select one)

- Socially Excluded (e.g. exhibits challenging attitudes/behaviours)
- Disengaged (e.g. does not have a friend or friendship network)
- Erratic (e.g. has friends but level of connection fluctuates)
- Connected (e.g. has a supportive friendship or friendship network)

C. Community (please select one)

- Socially Excluded (e.g. exhibits challenging attitudes/behaviours)
- Disengaged (e.g. does not engage with local community)
- Erratic (e.g. maintains contact with local community but level of connection fluctuates)
- Connected (e.g. can identify relationships with local community)

Harm & Self-Harm (please select one from each category and then select a frequency below)

A. Incidence of Self-Harm

- Previous attempts and/or ongoing high risk of suicide
 - Frequent serious attempts
 - Occasional attempts (e.g. harms self in response to critical incidents or situations)
- Causes/at risk of causing significant and repeated physical damage to self but not at risk of suicide
 - Frequent (e.g. on a day-to-day basis, physically harms self)
 - Occasional (e.g. harms self often in response to critical incidents or situations)
- Engages in high-risk behaviour (e.g. substance abuse, prostitution)
 - Frequent (e.g. on a day-to-day basis, engages in behaviour which places self at risk)
 - Occasional (e.g. in response to critical incidents or situations)
- Does not self harm

B. Incidence of Harm to Others (please include incidences that did not result in charges or convictions)

- Causes/at risk of causing significant harm to another/others
 - Frequent (e.g. on a regular basis; i.e. more than once a month harms another/others)
 - Occasional (e.g. infrequent harm to others)
- Does not harm others

Incidence of Offending (please select relevant categories)

A. Previous Probation Orders for:

- Offences against the person (e.g. including sexual assault, assault)
- Offenses against property (e.g. burglary, theft)
- Prior probation or conditional sentence orders

B. Current Probation Orders for:

- Offenses against the person (e.g. including sexual assault, assault)
- Offenses against property (e.g. burglary, theft)

C. Previous Prison Sentences for:

- Offenses against the person (e.g. including sexual assault, assault)
- Offenses against property (e.g. burglary, theft)

D. Current Prison Sentences for:

- Offenses against the person (e.g. including sexual assault, assault)
- Offenses against property (e.g. burglary, theft)

E. Not Known to Offend

** Please provide a copy of criminal record, if available.*