

**Mental Health and Justice Initiative Crisis Prevention Program**

**REFERRAL FORM**

**Client Information**

<b>First Name:</b>		<b>Last Name:</b>	
Age:	Date of Birth (D/M/Y):	Gender:	
Languages Spoken:		Income Source:	
<b>Contact Information</b>	Street Address:		Apt. #
	City:		Postal Code:
	Telephone:		Other Means of Contact:
<b>Health Card Number :</b>		<b>Version Code:</b>	
Mental Health Issues/Diagnosis:			
Medical Problems of Concern:			
Current/Past Criminal Charges: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list:			
<b>Current Supports (please complete the following):</b>			
Y/N	Relationship	Name	Telephone Number
	Family		
	Peers/Friends		
	G.P.		
	Psychiatrist		
	Therapist		
	Case Manager		
	Probation/Parole Officer		
	Lawyer		
	Court Support		
	Other		

Eligibility Criteria			
PLEASE CHECK ALL THAT APPLY			
<b>Must meet all <u>THREE</u> of these criteria</b>	Individual is 16 years or older and has serious mental health issue (concurrent/dual diagnosis or cognitive disability included)		
	Individual can benefit from a community mental health service		
	Likely to be safely supported in the community		
<b>Also must meet <u>ONE</u> of these criteria</b>	Police, probation or parole referral (including moderate to high risk of being charged)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Current charges, past charges, or release from custody in the past year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If one of the above criteria re: justice involvement cannot be met, the following should be used to determine eligibility</i>			
<b>Must have <u>FIVE</u> or more of these risk factors</b>	Two or more prior convictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Current substance abuse of significant history of substance abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Poor living arrangement, i.e. homeless, at risk of homelessness, or three or more address changes in the past year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Current family conflict	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Financial stress, i.e. applicant's financial situation is a current stressor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Lacks informal social supports	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Subject of two or more police mental health calls or apprehensions within the past year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	History of violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Active symptoms of a major mental illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Absence of participation in an organized activity, i.e. employment, school, volunteer work, leisure activity, mental health or social support programming	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Referral Source Information			
<b>Name of Person Completing this Form:</b>			
Telephone:	Ext.:	Fax:	Email
Name of Organization/Program:			
Reason for referral:			
Client is aware of this referral? YES <input type="checkbox"/> NO <input type="checkbox"/>		Date this form was completed (D/M/Y):	
Are there any safety risks staff should be aware of in delivering services?			

<b>STEELES AVE</b>			
<b>ETOBICOKE CREEK</b>	<b>Reconnect</b> 56 Aberfoyle Cres. Etobicoke, ON M8X 2W4 Ph: 416-248-2050 Fax: 416-248-6557 www.reconnect.on.ca	<b>Cota</b> 2901 Dufferin Street Toronto, ON M6B 3S7 Ph: 416-785-9230 Fax: 416-785-9358 www.cotainspires.ca	<b>PORT UNION</b>
	<b>EGLINTON AVE</b>		
<b>KEELE STREET</b>	<b>Sound Times</b> 280 Parliament Street Toronto, ON M5A 3A4 Ph: 416-979-1700 Fax: 416-979-8354 www.soundtimes.com		<b>VICTORIA PARK AVE</b>
	<b>LAKE</b>		
			<b>CMHA</b> Canadian Mental Health Association, Toronto Branch 1200 Markham Rd., Ste 500 Toronto, ON M1H 3C3 Ph: 416-289-6285 Fax: 416-289-6843 Intake: 416-458-9466 www.toronto.cmha.ca
			