Stella's Circle

Service Provider Referral Form

Community Support Program

Applicant General Information			
First Name:		Last Name:	
Legal Name (If Different):		Pronouns:	
Address (Street or P. O. Box):		City and Province:	
Postal Code:		Date of Birth:	
Phone:		Can a message be left?:	Yes No
Email Address:		Social Insurance #:	
MCP #:		MCP Expiry:	
Emergency Contact Name:		Contact Phone # / Email:	
Mental Health Diagnosis*:			
Physical Health Diagnosis:			

Please include a letter from a health professional stating mental health diagnosis with this application (doctor, psychiatrist, social worker).

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Applicant Eligibility Criteria

Applicants must meet <u>ALL</u> of the criteria below:	Applicant must meet <u>3 or more</u> of the criteria below:
25 years of age or older	Significant involvement with mental health system
In agreement with this referral	Developmental disability
Diagnosis of a mental health illness and in need of intensive supports and/or case management	History of significant alcohol/drug use
Has exhausted all other support <u>and/or</u> options are inadequate or unable to meet the individual's needs	Significant involvement with the justice system
	History of unstable housing
	History of harmful behaviour to self or others <u>or</u> is likely to place self or others at risk

Assessment Information

List the applicant's strengths and how these strengths are demonstrated:

Describe the applicant's goals (What thing[s] are most important? What are they currently motivated to do?

On a scale of 1 to 5, is the applicant **ready, willing, and able** to receive help from the Community Support Program? *(This includes weekly contact with a case manager and possible shifts with Community Mental Health Workers)*

1	2	3	4	5
Not Ready		Somewhat Ready		Very Ready

Do you believe the Applicant needs short medium, or long-term support CSP? For example, short terms support could be for 3-6 months and the case plan could focus on community integration and increasing community connection. Medium-term support would be 6 months to 2 years and long-term support would be 2 years and beyond.

Describe the Applicant's **history with social service providers**. How would you characterize engagement? What is the consistency of engagement? Has this changed over time?

Describe **services that have been tried before.** What has worked? What has not?

Active Referrals *(List referrals that have been submitted)*	Notes on Referral Progress

Housing

Current Accommodations Status (please select one):

Primary Homelessness (e.g. living on the street)

Secondary Homelessness – informal accommodations agreements (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

If the applicant is currently housed or housing is being arranged, **please describe the funding arrangement:**

Funding Source	Amount Provided Monthly
Total Monthly Rental Amount:	

Please describe the applicant's **housing history:**

Accommodation Status (homelessness, transitional, long-term stable, etc)	Timeframe/Duration of Tenancy

LEGAL INVOLVEMENT & HARM TO SELF/OTHERS

*Please include court or criminal record where applicable

Previous or Current Legal Orders *(*Please check off all that apply)*

Long Term Supervision Order

NCR (Not Criminally Responsible) and/or followed by the Federal Review Board

Probation

Parole

Currently Incarcerated

Currently has conditions *Please add below

History of Offending

Offences against other people (e.g. including sexual assault, assault)

Offences against property (e.g. burglary, theft)

Financial crime/fraud

Other: _____

Incidence of Harm to Other (that have not resulted in charges or convictions)

At risk of causing significant harm to other people

Frequent (e.g. on a regular basis; i.e. more than once a month harms others)

Occasional (e.g. infrequent harm to others)

Not applicable, little to no risk

Please describe history of harm to self and the current risk *Please note if the Applicant has physically harmed any of their support staff in the past. This would include within an institution.*

Suicide

Considered high risk of suicide

Considered medium risk of suicide

Considered low risk of suicide

Not applicable, no perceived risk

If low to high risk for suicide, *please describe history of attempts, risk factors, and safety plan:*

Self Harm

Considered high risk of self harm

Considered medium risk of self harm

Considered low risk of self harm

No risk of self harm

If low to high risk for self harm, please describe history of attempts, risk factors, and safety plan:

OVERALL WELLNESS

Mental Health *Please select one:*

Unstable – mental health and/or emotional wellbeing issues unmanaged and affecting day-to-day functioning

Poor – mental health and/or emotional wellbeing issues partially addressed but continue to affect day-to-day

Managed – mental health and/or emotional wellbeing issues assessed and being addressed

Unknown

Physical Health *Please Select one:*

Unstable – chronic health issues, unmanaged and impacting day-to-day functioning

Poor – chronic health issues not managed but does not impact day-to-day functioning

Managed – chronic health problems, diagnosed and being treated

Healthy – no known chronic health problems

Unknown

Substance Use – If applicable, please describe **the applicant's relationship with alcohol, marijuana and /or illegal drugs:**

SOCIAL CONNECTION

Family *Please select one:*

Socially Excluded – exhibits challenging attitudes/behaviours

Disengaged – does not have contact with family

Inconsistent – maintains contact with family but level of connection fluctuates

Connected – has contact with family

Friendships *Please select one:*

Socially Excluded – exhibits challenging attitudes/behaviours

Disengaged – does not have a friend of friendship network

Inconsistent – has friends but level of connection fluctuates

Connected – has supportive friendship or friendship network

Community *Please select on:*

Socially Excluded – exhibits challenging attitudes/behaviours

Disengaged – does not engage with local community

Inconsistent – maintains contact with local community but level of connection fluctuates

Connected – can identify relationships with local community

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NEED ANALYSIS

Life Skills *Please check off all that apply:*

Has self-care needs (ex. Cooking, hygiene, budgeting)

Has recreation/leisure skill needs

Has had OT assessment (*Please include with application)

Would benefit from an OT assessment

Summarize the **level of support required to support** applicant. Describe all those applicable. Where not applicable, leave blank.

Activities of daily living (e.g. cleaning housing, groceries, support with appointments)

Medications (e.g. adherence, misuse of prescriptions, special authorizations required)

Activities outside the home (e.g. recreation, support groups, preemployment groups)

Wellness Challenges (e.g. physical health, mental health, behaviour concerns)

Transportation (e.g. Does the applicant use the Go Bus? Why or why not?)

Other examples of support needed

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SHARED SERVICE AGREEMENT

We know how helpful it is for participants when community comes together to provide the best supports possible for individuals living with complex barriers and needs. With that in mind, please complete the following chart.

Name of Support Person	Position and Agency	Duties/Roles Please List	Staying Involved? (Yes or No)	Contact Info

REFERRAL SOURCE INFORMATION & ACKNOWLEDGEMENT

Referral Source Name		Agency/Organization	
Telephone		Email	

By signing below I acknowledge the information provided within this package is accurate and complete to the best of my knowledge

Signature _____   Date _____