

REFERRAL FORM

Stella's Circle - Emmanuel House

About Emmanuel House

Emmanuel House is a four-month residential/ day treatment program that offers first stage trauma treatment, skills training in areas related to emotion regulation, distress tolerance, mindfulness, and interpersonal effectiveness. We also offer life skills support to adults who are struggling with living the kind of life that they want to live. We use a combination of both individual and group therapy provided by a skilled team of staff in a welcoming, safe, and supportive environment.

Length of Stay

Day Treatment: 3-5 mornings per week as determined by your assessment team

Residential Treatment: four months of services in house

Eligibility Criteria (all criteria must be met)

18 years of age or older

In agreement with this referral

Able to get along with others in a shared space (private room for residential participants)

Able to participate in group and/ or individual therapy

Housed or connected to housing supports (if applying for residential services)

Ineligibility (one or more of the reasons listed below)

History of sexual offenses

History of domestic violence without treatment

History of arson

Unaddressed mental/physical health issues that could impact ability to participate in programming

If you are unsure of these, please call Emmanuel House at 709-754-2072 and ask to speak with a social worker on staff who can clarify this for you.

Type of Treatment

Day Treatment

Residential Treatment

Have you ever been a resident of Emmanuel House?

Yes

No

If yes, date of previous admission(s): _____

Applicant Information

Surname:

First Name:

Legal Name (if different):

Pronoun(s):

Date of Birth (day/month/year):

Gender:

Address

Street 1:

Street 2:

City:

Province:

Postal Code:

Email Address:

Telephone:

Can a message be left? Yes No

MCP Number:

MCP Expiry Date:

Emergency Contact

Name:

Relationship to you:

Telephone:

Email:

Applicant's Preparedness

Is the applicant ready, willing, and able to receive help from Emmanuel House?

Not Ready

Somewhat Ready

Very Ready

Describe the applicant's history with social service providers. Were they engaged, were they consistent, has this changed over time?

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

Please list people / services that you see as supportive and provide contact information:

Name	Relationship	Contact Information

Applicant's Background Information

Current Living Situation

1. Housed in stable housing
2. Not housed and connected to housing supports
Name and contact information for housing support services:
3. Custody/Prison
Earliest possible release date:

Education

Highest level of education achieved:

Employment History and Income

1. Currently Employed
Describe occupation:
2. Not Employed
3. Source(s) of Income:

Involvement with the Legal System

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 detail below)

History of Offending

Offenses against other people, e.g. Assault, criminal harassment

Offenses against property, e.g. robbery, theft

Financial crime/fraud

Arson

Sexual offenses

Please tell us in as much detail as possible about any involvement with the legal system:

Incident of harm to others that have not resulted in charges or convictions

At risk of causing significant harm to other people

Frequent incidents of harm to others (more than once per month)

Occasional harm to others (less than once per month)

Not applicable, does not harm others

Please provide details if either of the above apply to you/ the applicant:

Suicide Risk

- Considered high risk
- Considered medium risk
- Considered low risk
- No perceived risk

Please provide details if either of the above apply to you/ the applicant:

If low to high risk, please describe history, actions towards suicide, risks and safety plan:

Self Harm Risk

- Considered high risk
- Considered medium risk
- Considered low risk
- No perceived risk

Please provide details if either of the above apply to you/ the applicant

Mental Health

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

If yes to either of the first three options, please explain:

Physical Health

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

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

Managed – chronic health issues, diagnosed and being treated

Healthy – no known chronic health problems

Unknown

If yes to either of the first three options, please explain:

Substance Use

No issues with substance use

If applicable, please describe the applicant's relationship with alcohol, cannabis, illegal drugs, or other substance or drugs that have been taken for reasons other than prescribed use:

Social Connection

Family:

- Not connected
- Inconsistent
- Connected

Friends:

- Not connected
- Does not have a consistent friend network
- Has some friends but not where would like it to be
- Has good friends that can be counted on

Community:

- Socially excluded – not connected to community
- Disengaged
- Inconsistent – connects sometimes but not regularly
- Connected – has good community connections to avail of regularly

Level of Support Required

Summarize the level of support required by the applicant (leave blank where not applicable)

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, pre-employment groups):

Wellness challenges (e.g. physical health, mental health, behavior concerns):

Transportation (e.g. Does the applicant use the local transit system, have their own vehicle, have access to reliable transportation):

Other examples of support required:

Referral Source and Acknowledgement

Self or

Referral Source Name:

Agency/Organization (if applicable):

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: _____

Please send application to:

Emmanuel House

83 Cochrane Street, St. John's, NL A1C 3L7

Tel: 709-754-2072 Fax: 709-754-6447

Email: Emmanuelhouse@stellascircle.ca