Stella's Circle

Hope Lives Here

Service Provider Referral Form

Community Support Program

APPLICANT GENERAL INFORMATION			
Surname:		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, psychologist, social worker).

APPLICANT ELIGIBILITY CRITERIA

Applicants must meet ALL of the criteria below	**Applicants must meet 3 or more 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 **and/or** 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 **or** 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 possibly 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 from CSP? For example, short term 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 accommodation 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)
- ☐ Offenses against property (e.g. burglary, theft)
- ☐ Financial crime/fraud
- ☐ Other: _____

Incidence of Harm to Others (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 do 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 or friendship network
- ☐ Inconsistent – has friends but level of connection fluctuates
- ☐ Connected – has a supportive friendship or friendship network

Community **Please select one:*

- ☐ 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

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

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 _____	

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