

Mental Health and Justice Initiative Crisis Prevention Program

REFERRAL FORM

Client Information

First Name:		Last Name:	
Age:	Date of Birth (D/M/Y):	Gender:	
Languages Spoken:		Income Source:	
Contact Information	Street Address:		Apt. #:
	City:		Postal Code:
	Telephone:		Other Means of Contact:

Mental Health Issues/Diagnosis:

Medical Problems of Concern:

Current/Past Criminal Charges: YES NO If yes, please list:

Current Supports (please complete the following):

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

Must meet all THREE of these criteria	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		
Also must meet ONE of these criteria	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

If one of the above criteria re: justice involvement cannot be met, the following should be used to determine eligibility

	Two or more prior convictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Current substance abuse or 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

Name of Person Completing this Form:

Telephone:	Ext.:	Fax:	Email:
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Name of Organization/Program:

Reason for Referral:

Client is aware of this referral?
 Yes No

Date this form was completed (D/M/Y):

Are there any safety risks staff should be aware of in delivering services?

STEELES AVE			
ETOBICOKE CREEK	Reconnect 2150 Islington Ave. Ste 202 Etobicoke, ON M9P 3V4 Ph: 416-248-2050 Fax: 416-248-6557 www.reconnect.on.ca	Cota 2901 Dufferin Street Toronto, ON M6B 3S7 Ph: 416-785-9230 Fax: 416-785-9358 www.cotainpires.ca	PORT UNION
	KEELE STREET		
EGLINTON AVE			
ETOBICOKE CREEK	Sound Times 280 Parliament Street Toronto, ON M5A 3A4 Ph: 416-979-1700 Fax: 416-979-8354 www.soundtimes.com		PORT UNION
	KEELE STREET		
LAKE			