



534 Queens Ave., London, ON., N6B 1Y6
Phone: 519 668 0624 Fax: 519 668 3641

Referral Form London

Client Name:	D.O.B. (mm/dd/yyyy)
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All Referrals for LONDON WOTCH PROGRAMS will be processed through Centralized Intake.
 For Referral Information phone 519-668-0624 or visit our website at www.wotch.org
 (For services in Huron County contact the WOTCH North Offices in either Exeter at 519-235-0335 or
 Goderich at 519-440-0450)

The Intake Referral Form London, CDS-MH and a signed consent for release/exchange of information must be completed for all referrals. Individuals/Agencies trained and licensed to use the Camberwell are requested to submit a completed Camberwell with the Referral Package.

Please check all services being referred to and complete documentation as indicated.

FAX completed package/checklist to WOTCH at 519 668 3641

WOTCH Intensive Case Management

Community Programs

Life Management Program (LMP) – Complete CI & LMP Checklist Attachment

Community Integration (CI) - Complete CI & LMP Checklist Attachment

Vocational Rehabilitation Services – (VRS) VRS Referral Checklist Attachment

Treatment Services

Residential Treatment Facility (RTF) – Case Management not required for referral

Rehab Housing group homes

Permanent Housing

Shared living – Complete Housing Referral Attachment

Independent Apartment - Complete Housing Referral Attachment

Anam Cara – Complete Housing Referral Attachment

Referral Package Checklist

Intake Referral Form Consent Form CDS MH

Housing Referral Attachment CI & LMP Checklist Attachment

VRS Checklist Attachment Other _____

CLIENT NAME:

DATE OF BIRTH:

HEALTH

	Confirmed By	Date
Axis I Diagnosis		
Axis II Diagnosis		
Axis III Diagnosis		
Allergies		
Physical Disability		

Smoker: yes no

Medications	Dose	Frequency

Please attach an additional sheet if more space is needed to complete Medications portion.

Is client currently in hospital: yes no Date of Admission: _____

Most recent hospitalization: _____ Length of Stay: _____

Hospital Name _____ Number of Hospitalizations in last 2 years: _____

HEALTH SYSTEM SUPPORTS

Psychiatrist: _____ Phone: _____

Address: _____

Family Physician: _____ Phone: _____

Address: _____

Other: _____

Has the client been involved with Mental Health Crisis Service/WOTCH/CMHA in past: yes no

Details of involvement: _____

CLIENT NAME:

DATE OF BIRTH:

ASSESSMENT INFORMATION *(please attach copies)*

Camberwell

Psychiatric assessment

Psychosocial assessment

OT assessment

Other *(Specify)*:

RISK FACTORS *(If "Yes" please provide date and details)*

Abuses alcohol or drugs (non-prescription or prescription) yes

no

Unknown

Details of substance misuse _____

Receives treatment for drugs or alcohol? yes

no

Unknown

Details of treatment *(Include date(s))*: _____

Recent or past involvement with Police? yes

no

Unknown

Details of Police Involvement *(Include date(s))*: _____

Currently on Probation/Parole? yes

no

Unknown

Details of Probation/Parole *(Include date)*: _____

Self Abuse? yes

no

Unknown

Details of Self Abuse *(Include date(s))*: _____

Physical Abuse/Aggression to Others? yes

no

Unknown

Details of abuse/aggression *(Include date(s))*: _____

Has client damaged property? yes

no

Unknown

Details of Property Damage *(Include date(s))*: _____

Suicide Attempts? yes

no

Unknown

Details of Suicide Attempts *(Include date(s))*: _____

Communicable Diseases? yes

no

Unknown

Details of communicable disease *(Include date(s))*: _____

CLIENT NAME:

DATE OF BIRTH:

Currently describes self in crisis?

yes

no

Unknown

Details of current crisis: _____

If available, please attach a copy of the client's crisis plan.

Does the client live with an abusive partner, roommate or family member?

yes

no

Unknown

If yes, please provide details: _____

Does the client have pets in the home?

yes

no

Unknown

If yes, please specify: _____

Are there any other known or potential risk factors not identified above?

yes

no

Unknown

If yes, please provide details: _____

Is there any other information that might be useful: _____

For what issues is the client being referred for community mental health services?

Mental Health Symptoms

ADL's

Housing

Addictions

Financial

Employment/Education

Physical Health

Relationships

Leisure/Recreation

Legal

Other: _____

Date: _____

CDS-MH

Client Name: _____

Staff Name: _____

Function: (Select Only One)

Case Management Employment Social Recreation Housing

Disposition: (Select Only One)

Initial Assessment Year End Disengagement

Legal Status:

No Criminal Legal problems (includes absolute discharge and time served-end custody)

Unknown or SR Declined

(NEW SECTION)

(You may select MORE than one of the options below)

Pre-charge (NEW-breakdown)

Pre-Charge Diversion Court Diversion Program

Pre-trial (NEW-breakdown)

Awaiting Fitness Assessment On Bail - Awaiting Trial
 Awaiting Criminal Responsibility Assessment (NCR)
 In community on own recognizance Unfit to Stand Trial

Outcomes (NEW-breakdown)

Charges Withdrawn Stay of proceedings Awaiting Sentence
 Not Criminally Responsible Conditional Discharge Conditional Sentence
 Restraining Order Peace Bond Suspended Sentence

Custody Status (NEW-breakdown)

ORB detained – community access ORB conditional discharge On Parole
 On Probation Incarcerated

Community Treatment Orders: (Select Only One)

Issued CTO No CTO Unknown or Service Recipient Declined
(Now or at some point during the report period)

Living Arrangement: (Select Only One)

Self Spouse/Partner Spouse/Partner & Others
 Children (but not spouse/partner) Parents Relatives
 Non-Relatives Unknown or Service Recipient Declined

Residence Type: (Select Only One) (*these residence types are considered Supervised Facility in option below)

Private House/Apartment - service recipient /Market rent (client owns or rents at market rate)
 Private House/Apartment – other/ Subsidized (client rents at subsidized rate or friend or family owns/rents – not client)
(Include WOTCH phase II housing here)

- | | |
|---|---|
| <input type="checkbox"/> Approved Homes & Homes for Special Care | <input type="checkbox"/> Correctional/Probational Facility |
| <input type="checkbox"/> Domiciliary Hostel | <input type="checkbox"/> General Hospital |
| <input type="checkbox"/> No Fixed Address | <input type="checkbox"/> Hostel/Shelter |
| <input type="checkbox"/> Long term care facility/Nursing Home | <input type="checkbox"/> Municipal Non-Profit Housing (inc. WOTCH Apartments) |
| <input type="checkbox"/> Other Specialty Hospital | <input type="checkbox"/> Private Non-Profit Housing (inc. WOTCH WPH & P3000) |
| <input type="checkbox"/> Psychiatric Hospital | <input type="checkbox"/> Retirement Home/Senior's Residence |
| <input type="checkbox"/> Supportive Housing-Congregate Living
(include Picc House and WOTCH Group Homes above) | <input type="checkbox"/> Supportive Housing-Assisted Living |
| <input type="checkbox"/> Other | <input type="checkbox"/> Unknown or Service Recipient Declined |

Level of Residential Support: (Select Only One)

- | | | |
|---|---|--|
| <input type="checkbox"/> Independent
(No help needed to
Maintain home) | <input type="checkbox"/> Assisted/Supported
(need some coaching or help
from staff or family) | <input type="checkbox"/> Supervised Non-Facility
(Need significant help or coaching
from staff or family to maintain home) |
| <input type="checkbox"/> Supervised Facility
(where residence type
above has *) | <input type="checkbox"/> Unknown or Service Recipient Declined | |

Employment Status: (Select Only One)

(WOTCH community employment = independent or Assisted depending on how much support they require)

- | | |
|---|--|
| <input type="checkbox"/> Independent/Competitive | <input type="checkbox"/> Assisted/Supportive (inc. WOTCH-Janitorial) |
| <input type="checkbox"/> Alternative Business (inc. WOTCH-café) | <input type="checkbox"/> Sheltered Workshop (inc. WOTCH-Kitchen) |
| <input type="checkbox"/> Non-paid Work Experience | <input type="checkbox"/> Casual/Sporadic |
| <input type="checkbox"/> No Employment-of any kind | <input type="checkbox"/> No Employment-other (student/parenting/retired) |
| | <input type="checkbox"/> Unknown or Service Recipient Declined |

Educational Enrolment: (Select Only One)

- | | | |
|--|---|--|
| <input type="checkbox"/> Not in school | <input type="checkbox"/> Elementary/Junior High | <input type="checkbox"/> High School |
| <input type="checkbox"/> Trade School | <input type="checkbox"/> Vocational/Training Centre | <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Community College | <input type="checkbox"/> University | <input type="checkbox"/> Other |
| <input type="checkbox"/> Unknown or Service Recipient Declined | | |

Highest Level of Education: (Select Only One)

- | | | |
|--|--|--|
| <input type="checkbox"/> No Formal Schooling | <input type="checkbox"/> Some Elementary/Junior High | <input type="checkbox"/> Elementary/Junior High |
| <input type="checkbox"/> Some Secondary | <input type="checkbox"/> Secondary | <input type="checkbox"/> Some College/University |
| <input type="checkbox"/> College University | <input type="checkbox"/> Other | <input type="checkbox"/> Unknown or SR declined |

Primary Income Source: (Select Only One)

- | | | | |
|--|---|----------------------------------|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Employment Insurance | <input type="checkbox"/> Pension | <input type="checkbox"/> Ontario Works |
| <input type="checkbox"/> ODSP | <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Family | <input type="checkbox"/> Other |
| <input type="checkbox"/> No source of Income | | | |
| <input type="checkbox"/> Unknown or Service Recipient Declined | | | |



CONSENT FOR RELEASE OF PERSONAL INFORMATION

I, _____
Print name of individual or Substitute Decision Maker

Of _____
Address

give WOTCH Community Mental Health Services consent to obtain from and/or provide personal information pertaining to

_____ M _____ D _____ Y _____
Print Individuals Name Date of Birth

with _____
Name of Person and/or Agency

for the purposes of providing services and supports. I understand that I can withdraw my consent at any time by providing written notice for withdrawal of consent. I understand that no information will be released to other parties without my consent unless there is a legal requirement to do so or a serious concern about my safety or the safety of others.

Signature of Individual or Substitute Decision Maker Relationship of Substitute Decision Maker
If applicable

Print Name of Witness Signature of Witness

Dated Month Day Year Expiry Date Month Day Year



WOTCH HOUSING Referral " Attachment"

***NOTE:** Referring the applicant below to WOTCH Permanent/Phase 2 Housing does not necessarily confirm placement in the program. (WOTCH Referrals may be forwarded directly to;

534 Queens Avenue
London, Ontario N6B 1Y6
Attn: Marianne MacEachern
519-668-0624 Ext 243
FAX 519-668-0881

**Clients will not be placed on ROXY waiting list until all appropriate documentation is completed.*

Please review the Eligibility Requirements attached with the applicant

Indicate which type of housing is most suitable to the applicant

Shared Living (PERMANENT Housing) Crisis Plan, Informed Consent for the release of information and Referral to WOTCH Programs (as required) to be completed when submitting referral to WOTCH Phase 2/Permanent Housing. **OT assessment is routinely required.** Applicant/Case Manager will be contacted by Permanent Housing Facilitators for an interview prior to confirming eligibility and placement on ROXY Active Referrals (Wait List).

Apartment (Phase 2 Housing) - Crisis Plan, Informed Consent for the release of information and Referral to WOTCH Programs (as required) to be completed when submitting referral to WOTCH Phase 2/Permanent Housing. Applicant/Case Manager will be contacted by Property Manager when suitable unit may become available..

If the housing applicant will be referred to WOTCH for Case Management, please, complete Referral to WOTCH Programs only and indicate that you are requesting housing. The assigned WOTCH CSW will make the Housing referral internally.

Case Manager:

Agency

Date:

INDEPENDENT LIVING ASSESSMENT SUPPORT SERVICE EVALUATION

Applicant:

Date of Birth:

Current Address at time of Application:

Phone:

If applicant currently in WOTCH Rehab Housing, WOTCH RTF, or Hospital, please advise of anticipated date of discharge:_____

Release by Applicant:

I hereby authorize the release of any required information to WOTCH HOUSING. I fully understand the information being provided will be used in the evaluation of my application for Socially Assisted Housing, and will be referenced in relation to any issues that may develop throughout the duration of my tenancy. I hereby authorize WOTCH HOUSING to retain the information on file.

Applicant: _____ Date: _____

Witness: _____ Date: _____

Under the current policy of the Ministry of Health and Long Term Care (Housing Division) regarding rent geared to income accommodations, an applicant must be able to "live independently in a housing unit, with or without support services". Confirmation of support services must be obtained prior to being housed. Pursuant to the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, legal authority for the collection of this information comes from:

- 1) The Housing Development Act, R.S.O. 1990, C H18
- 2) The Ontario Housing Corporation Act, R.S.O. 1990, C O21

"Living independently" includes:

- 1 The ability to manage the activities of living such as mobility, budgeting, housekeeping, cooking, personal hygiene.
- 2 The ability to assume the responsibilities of a tenant under the "Residential Tenancies Act", including paying rent and maintaining the unit in good order.
- 3 The receipt of any needed services such as case management, life skills training, social or vocational rehabilitation services, treatment programs such as assessment and counseling.

Please complete the following. The purpose of requesting this information is to determine eligibility/suitability for WOTCH Permanent Housing or Phase 2 Housing.

1. Given your knowledge of the referred person as a resident in WOTCH Housing, have you any reason to believe that this person would pose a risk to person or property.

No Yes (describe in detail)

2. Is this applicant able to live independently in a housing unit with the aid of essential support services?

No Yes

* At the discretion of this office an OT Assessment of the client may be requested

3. Indicate the services that your or other agencies will be providing to the applicant if she he/she become a tenant of WOTCH HOUSING. Please list the services and the frequency of service to the applicant. (Tenants require a minimum of one onsite visit per month)

4. For what period of time will you be providing the above services to the applicant of WOTCH Housing? (All referrals must be receiving case management services before being housed and throughout the tenure of the tenancy.)

5. Are there other kinds of service, which you believe this applicant will require in order living independently?

No Yes (If Yes, Please Specify)

6. Apartment (Phase2) referrals only. Please indicate the category which best explains the reason that the applicant qualifies for this housing as per attached Ministry of Health and Long-term Care eligibility requirements.

Client is Homeless Client is at Risk of Homelessness

Prior to signing a Tenancy Agreement for WOTCH Housing with the Applicant, a WOTCH Agent for the Landlord must ensure that all Eligibility Requirements are met.

*See Attached Eligibility Requirements for shared living (Permanent Housing) and apartment (Phase 2 Housing)

Eligibility Requirements for shared living (WOTCH Permanent Housing)

Prior to signing a Lease or Occupancy Agreement with the applicant , a WOTCH Housing must ensure that the following requirements are met:

Must have an identified Community Support worker, (either with WOTCH or the referring agency, with the nature and frequency of the support detailed and described.)

Must have verifiable limited finances:

Receiving ODSP
OR Receiving Ontario Works
OR Annual gross income that falls below \$20,000.00

Must not be in ownership of rental property.

Must provide verification of either Canadian Citizenship or Landed Immigrant Status(or proof of application for same.)

Must be able to live independently and utilize identified Community Support services.

Must be psychiatrically stable at the time of occupancy.

Will benefit from living with others in a co-operative manner as opposed to living alone.

Has experienced difficulty in competing for commercial housing and maintaining residency in the community.

Is responsible to take medications as prescribed.

Is not currently demonstrating significant impairment due to substance abuse.

Willing to comply with Health and Safety issues.

If the applicant is a former occupant of any Socially Funded Housing Program; any outstanding arrears are to be paid in full to the Program, or alternative payments arrangements must be negotiated prior to lease or agreement signing with WOTCH Housing.

Acknowledges that the Landlord/Tenant relationship is based on a level of function and responsibility as well as the Residential Tenancies Act .

WOTCH Apartment (Phase 2 Housing) Eligibility Requirements

Prior to signing a Lease or Occupancy Agreement with the applicant, a WOTCH Agent for the Landlord must ensure that the following requirements are met:

Homeless

Homeless persons with a serious documented mental illness are those with no fixed address using emergency hostels, shelters and for "sleeping rough".

Or

Risk of Homelessness

Persons with a serious mental illness who are at high risk of homelessness are those with:

With

Personal Risk Factors – social skill deficits (e.g. money management); a reduced ability or an inability to negotiate social relationships; poor impulse control; socially unacceptable behaviours (e.g. exposes self and;

And/or

Social Support Risk Factors – anticipated discharge from PPH./Specialty Hospitals, current residence with an aging parent, a reduced availability or the unavailability of community mental health supports

And/or

Socio-Economic Risk Factors – more than 50% of income spent on rent, low or reduced availability of affordable and safe housing, the presence of drug trading in the home or neighbourhood

Must have an identified Case Manager, (with WOTCH or elsewhere). The level of support to be described, including minimum frequency of **on site visits**.

Must have **verifiable** limited finances: (Confirmed prior to move in to establish rent amount)

Receiving ODSP

OR receiving Ontario Works

OR spending more than 50% of monthly gross income on rent

Must not be in ownership of rental property.

Must provide verification of either Canadian Citizenship or Landed Immigrant Status.

Must be able to live independently and utilize identified Community Support services.

Must be psychiatrically stable at the time of occupancy.

Will benefit from living alone as opposed to living with others.

Has experienced difficulty in competing for commercial housing and maintaining residency in the community.

With or without support takes medication as prescribed.

Is currently not demonstrating significant and disabling substance abuse.

Willing to comply with Health and Safety issues.

If the applicant is a former occupant of any Socially Funded Housing Program, any outstanding arrears are to be paid in full to the Program or alternative payment arrangements must be negotiated prior to lease of agreement signing with WTOCH Housing

The Tenant understands and agrees that tenancy is based on the Residential Tenancies Act, the ability to function independently in the home and the acceptance of responsibilities generally associated with being a good tenant.



Community Mental Health Services

534 Queens Ave., London, ON, N6B 1Y6

www.wotch.org

WOTCH Centre

Tel: 519-432-1607, FAX: 519-668-3641

Vocational Rehabilitation Services Referral Checklist

WOTCH Vocational Rehabilitation Services utilizes the Essential Skills Requirements to assist with determining the employment-readiness levels for clients referred to services. We would appreciate it if you would assist us with reviewing the checklist and circle the response most relevant to your client's status and skill levels.

Client Name: _____

Date of Birth: _____

Date: _____

Referral Agency /Contact Person _____

	Attribute	Ranking			
1.	Attendance	Frequently absent	Sometimes absent	Good attendance	Excellent
2.	Endurance	1 hour	2 hours	3-4 hours	4 hours plus
3.	Punctuality	Frequently late	Sometimes late	Rarely late	On time
4.	Math Skills	None	Simple counting skills	Adding and subtracting skills	Complex math skills
5.	Organizational Skills	Needs constant direction	Can organize simple tasks	Can organize complex tasks	Can self-initiate / multi task
6.	Pace	Slow	Moderate	Steady	fast
7.	Reading Skills	None	Poor	Average	Good
8.	Routines / Changes	Needs routines	Some routines	Handles some changes in routines	Adapts to changes easily
9.	Social Skills	Poor- hostile / defensive / inappropriate	Limited-sometimes difficult	Fair - sometimes appropriate	Good - friendly /appropriate
10.	Strength	4-5 lbs	10-20 lbs	30-40 lbs	50 lbs plus

Please Note: If the majority of rankings are not in Column Three or Four, your client may require additional support and training to be considered "employment-ready" e.g. WOTCH's Job Readiness Course, community / volunteer placement, referral to other resources for additional education and skills training.



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WOTCH Centre

Tel: 519-432-1607, FAX: 519-668-3641

Community Integration and Life Management Programs - Referral Checklist

Client Name: _____

Date of Birth: _____

Date: _____

Referral Agency / Contact Person: _____

Community Integration Programs provide support, primarily in group settings, for development and enhancement of socialization and life skills as well as opportunities for recreation and leisure. We would appreciate it if you would review the following checklist with your client and circle the most relevant response to assist us with determining which activities and programs would provide the most appropriate introduction to WOTCH Centre Community Integration Programs

<u>Attribute</u>	<u>Client Characteristics</u>			
Client expectations re level of support / interaction with staff	Frequent one-to-one support	Regular (daily) one-to-one support	Occasional (weekly) one-to-one support	Group environment is fine, will access one-to-one with CSW as needed
Comfort level in social settings	Uncomfortable in groups / crowds	Prefer small groups in familiar settings	Comfortable in larger groups / crowds in familiar settings	Comfortable in community settings with crowds
Literacy (reading / writing skills)	Very limited	Adequate / Average	Good	Enjoys expressing self via reading / writing
Physical / outdoor activities	Limited because of Physical/ medical restrictions	Needs encouragement to participate	Enjoys gentle involvement	Enjoys physical / outdoor activities
Organizational Skills	Needs constant direction	Can organize simple tasks	Can organize complex tasks	Can self-initiate / multi task
Pace Preference	Prefers slow pace	Prefers moderate pace	Prefers steady pace	Prefers fast pace
Routine / Structure	Prefers no structure	Prefers / needs a lot of routine / structure	Prefers / needs some routine / structure	Prefers combination of structure but with flexibility and variety
Comfort level with Change	Uncomfortable	Comfortable with gradual changes	Comfortable with change in routines with pre - warning	Enjoys flexibility and variety
Independence Levels	Requires lots of encouragement	Requires initial encouragement only	Requires occasional encouragement	Very independent
Level of commitment	Approx. once a month	Approx. once a week	Interested and willing to commit to participation	Very interested and willing to commit to daily participation

Note re Transportation and Financial Support: Please note that many activities and programs take place in the community using public transit and for these WOTCH Centre will provide bus tickets to those without bus passes. However, clients are expected, with the help of their CSWs, to make their own transportation arrangements for attendance at WOTCH Centre. There are also minimal fees for some community programs.

Please indicate any barriers to service e.g. physical limitations, allergies, etc.