



**REFERRAL FORM**

Addictions Supportive Housing (ASH), ADAPT  
 777 Guelph Line, Suite 214, Burlington, Ontario, L7R 3N2  
 Phone: 905-639-6537 Fax: 905-639-6880

**Please fill out form as completely as possible. ASH will accept incomplete forms with the recognition that not all information may be obtainable at this time.**

**Please fax referral package (including Referral Form, Basis 32, Release of Information Consent and any ADAT tools that have been done) to: 905-639-6880. Thank you for your referral.**

Referral Information			
Referring Agency		Contact Person	
Telephone Number	Fax Number	Email Address	
Signature			Date

Client Information				
Name (first and last)		Last Name at Birth (if different)		Date of Birth
Gender	Client has fixed address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Circle client's preferred area: Oakville Milton Acton Georgetown Mississauga South Etobicoke Burlington		
Street Address		Apt./Unit	City	Postal Code
Phone Number		Ok to Call?		Ok to leave message?
Emergency contact number	Ok to Call?	Ok to leave message?	Contact name/relationship	
Current Sources of Income (check all that apply) <input type="checkbox"/> Ontario Works <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> None <input type="checkbox"/> Other (please specify):				Client's email

**Substance Use and Treatment History**

Previous client of ADAPT?  Yes  No

Please describe history of substance use and any present use:

**History of addiction treatment (Withdrawal Management, Community/Residential Treatment etc.)**

Agency/Service Provider Name	Start Date	End Date	Program
1.			
2.			
3.			
4.			
5.			

**Past and Present Living Situation**

Has client lived independently? Y \_\_\_ N \_\_\_ Has client been evicted? Y \_\_\_ N \_\_\_  
 Does client owe monies to social housing? Y \_\_\_ N \_\_\_ If yes, does client have a payment plan in place with said agency? Y \_\_\_ N \_\_\_ Please describe past and current living situation:

Credit checks will be done by landlords. Does client have issues with bad credit-past and/or present? Please describe.

**Children**

Does client have children? If so please describe children's current living situation:

Is client responsible for child's care? Y \_\_\_ N \_\_\_ Is the Children's Aid Society involved? Y \_\_\_ N \_\_\_

**Community Supports**

Please provide information about community supports presently involved with (addiction counsellor, 12 Step Groups, therapist etc.)

Agency Name	Contact	Length of Involvement
1.		
2.		
3.		
4.		

**Legal History**

Please provide information regarding current and past legal involvement (charges/convictions)  
Are there charges pending which may result in incarceration? Y\_\_\_\_ N\_\_\_\_

Description	Year	Court Decision

**Aggression**

Please describe any past or present aggression or violence towards others (verbal, physical, or sexual )

**History of Harm / Suicidal Behaviour**

Please describe any past or present self-harming behaviours as well as any suicidal ideation &/or suicide attempts.

**Health Concerns**

Does client have any communicable diseases or health issues of which we should be aware? Does client use items to assist with mobility, hearing, etc.

**Mental Health Issues**

Please describe any mental health issues including history, past and/or present diagnoses and any current symptoms client experiences. If client is working with a psychiatrist please ensure that client lists him or her on release of information consent as records may be required as part of screening.

**Additional Comments**

Please include a brief description of current recovery tools being utilized to maintain stability. If client has a harm reduction plan please list the length of time client has been adhering to said plan. As well, please provide any other information regarding client's circumstances which may provide a bigger picture of client's current situation. Please include any goals client has identified.

Thank you for the referral.