



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 a COMPLETED referral package (Referral Form, Basis 32, Release of Information Consent, Mental Health Assessment, GAINS or ADAT tools) to: 905-639-6880. .

Referral Information			
Referring Agency		Contact Person	
Telephone Number	Fax Number	Email Address	
Signature			Date (d/m/y)

Client Information				
Name (first and last)		Last Name at Birth (if different)		Date of Birth (d/m/y)
Gender	Client has fixed address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please 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 credit problems currently or in the past? 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 and 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 in summary, the mental health assessment that you have attached. This should include 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 more information may be required as a part of future screenings.

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 broader picture of client's current situation. Please include any goals client has identified.

Thank you for the referral.