



**Mental Health and Justice - Toronto Region
Short – Term Residential Beds
Referral Form**

**Registry Phone # - (416) 248 - 4174
Registry Fax # - (416) 248 – 2784**

To provide Short-Term Residential Beds for individuals living with mental illness who are currently involved with the criminal justice system.

Basic Eligibility Criteria

1. Individuals with **serious mental illness** who are in crisis
2. **Homeless** or potentially homeless
3. **Currently involved with the criminal justice system**
4. **Likely to be safely supported in the community**

The Short-Term Residential Bed network is a voluntary service. Any reporting or probation requirements remain between the individual and the criminal justice system.

Staff Making Referral

Name: _____

Agency: _____

Sector: _____

Phone#: _____

Fax#: _____

**Release of information for the purposes of this referral
have been agreed to by the client**

Yes

No

Person in Crisis

Name: _____

D.O. B.: Day _____ Month _____ Year _____

Male Female Preferred Identity _____

Current Location: _____

Address: _____

Phone#: _____

Housing/Living Situation: _____

Income Source: _____

Identification: Yes No Drug Card: Yes No

O.H.I.P.#: _____ Preferred Language: _____

Have you received service from the Mental Health and Justice Short-term Residential Beds in the past?

Yes No Unknown

If yes, When? _____ What Site? _____

When? _____ What Site? _____

When? _____ What Site? _____

**The Short Term Residential Bed Network reserves the right to share information
about previous or current referrals with any of the network member organizations**

**This policy has been adopted to maintain the health and safety
of both residents and staff**

Supports

Relationship	Name	Phone #
G.P.		
Psychiatrist		
Therapist		
Case Manager		
Probation / Bail Officer		
Lawyer		
Court Support		
G.P.		
Family / Friend		
Other		

Presenting Problem / Current Crisis / Reason for Referral

Y/N	Presenting Issue	Description/Details
	Threat to others / attempted suicide	
	Specific symptoms of SMI (Serious Mental Illness)	
	Physical / Sexual Abuse	
	Educational	
	Occupational /employment / vocational	
	Housing	
	Financial	
	Legal	
	Problems with relationships	
	Substance abuse	
	A.D.L.'s (Activities of Daily Living)	
	Other/Specify _____	

Current Involvement with the Criminal Justice System: **Y** **N**
 Description of involvement

Current Mandatory Supervision

Name of Supervising Body:	Status	
		<input type="checkbox"/>
	<input type="checkbox"/>	On bail / undertaking
Name of Supervisor/Phone #:	<input type="checkbox"/>	On probation
	<input type="checkbox"/>	Under ORB

Safety Risks

Y/N	Risks	Current	History	Description /Details / Dates
	Suicide			
	Violence			
	Substance Use			
	Self Harm			
	Verbal Aggression			
	Weapons			
	Arson			
	Sexual Assault			
	Other			

