Mental Health and Justice Prevention Program
REFERRAL FORM

Client Information

First Name | Last Name

Age | Date of Birth | Gender

Languages Spoken | Income Source

Street Address | Apt #

City | Postal Code

Telephone | Other Means of Contact

Health Card Number | Version Code

Mental Health Issues/Diagnosis:

Medical Problems of Concern

Current/Past Criminal Charges | Yes | No

If yes, please list

Current Supports (Please list names and telephone numbers for each):

Family

Peer/Friends

G.P.

Psychiatrist

Therapist

Case Manager

Probation/Parole
Officer

Lawyer

Court Support

Other

Other

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)

Current charges, past charges, or release from custody in the past year

---

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

Must have <u>FIVE</u> or more of these risk factors

Two or more prior convictions

Current substance abuse of significant history of substance abuse

Poor living arrangement, i.e. homeless, at risk of homelessness, or three or more address changes in the past year

Current family conflict

Financial stress, i.e. applicant's financial situation is a current stressor

Lacks informal social supports

Subject of two or more police mental health calls or apprehensions within the past year

History of violence

Active symptoms of a major mental illness

Absence of participation in an organized activity, i.e. employment, school, volunteer work, leisure activity, mental health or social support programming

---

Referral Source Information

Name of Person Completing this Form

Telephone Ext Fax

Email

Name of Organization/ Program

Reason for Referral

Client is aware of this referral?	Yes No	Date this form was completed	

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

STEELES AVE

ETOBICOKE CREEK

Reconnect
1281 St Clair Ave W
Toronto, ON
M6E 1B8
Ph: 416-248-2050
Fax: 416-248-6557
www.reconnect.on.ca

KEELE ST

COTA
700 Lawrence Ave West
Suite 325
Toronto, ON M6A 3B4
Ph: 416-785-9230
Fax: 416-785-9358
www.cotainspires.ca

EGLINTON AVE

Sound Times
280 Parliament Street
Toronto, ON M5A 3A4
Ph: 416-979-1700
Fax: 416-979-8354
www.soundtimes.com

VICTORIA PARK AVE

CMHA Toronto
1200 Markham Road, Suite 500
Toronto ON M1H 3C3
Phone: 416-789-7957 ext. 6285
Fax: 416-289-6843
Intake: 416-458-9466
www.toronto.cmha.ca

PORT UNION

LAKE