



Housing Outreach Team: supports clients to secure and maintain independent living in the community. Housing Outreach workers will meet with clients regularly to work on daily living skills such as budgeting, cooking, cleaning, etc.

Application Form - to be completed by the Referring Agency

Date of Application:	
Name of Candidate:	
Date of Birth:	
Provincial Health card Number:	
Contact information for Candidate:	
Client's preferred location, once independently house:	
Referring Agency: _____	Contact Name: _____
Contact Number: _____	Contact Email: _____
Does the client give us consent to speak to you, the referring agent?	Yes _____ No _____ Signature of client: _____
As the referral source, how long have you been working with this individual?	
What is your role?	
Will you continue to act as a support for this individual? What will your involvement be?	
Please list supports that will follow the candidate if accepted to the program (i.e. psychiatrist, OT, addictions and/or mental health worker):	

Housing

What is the candidate's current housing situation? How long have they been in this situation?

<p>Challenges you have experienced in the past year:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical health issues <input type="checkbox"/> Mental health issues <input type="checkbox"/> Substance use and/or addictions issues <input type="checkbox"/> Challenges coping with your mental health <input type="checkbox"/> Serious mental health symptoms <input type="checkbox"/> Attempted suicide <input type="checkbox"/> Problems with family/friends <input type="checkbox"/> Threats to self <input type="checkbox"/> Threats to others <input type="checkbox"/> Abuse (Physical, emotional, other) <input type="checkbox"/> Employment/Occupational <input type="checkbox"/> Financial difficulties <input type="checkbox"/> Legal/Criminal justice <input type="checkbox"/> Other: _____ 	<p>Reasons for housing instability:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Loss of housing <input type="checkbox"/> Lack of affordable housing <input type="checkbox"/> Mental health <input type="checkbox"/> Physical health <input type="checkbox"/> Addictions (Substance use, gambling, etc.) <input type="checkbox"/> Poor mental health or addictions coping skills <input type="checkbox"/> Legal/Criminal Justice <input type="checkbox"/> Family Issues <input type="checkbox"/> Relationship breakdown <input type="checkbox"/> Abuse (Physical, emotional, other) <input type="checkbox"/> Discrimination <input type="checkbox"/> Employment loss <input type="checkbox"/> Financial difficulties <input type="checkbox"/> Lack of skills to <input type="checkbox"/> Other: _____
<p>What is the candidate's history in regards to maintaining independent housing? Have they lived independently before?</p>	
<p>Do you feel that the candidate is able to live independently currently?</p>	
<p>If no, when would the candidate be able to live independently with support?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 0-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 12-24 months <input type="checkbox"/> 24+ months
<p>Independent living skills you feel that the client has already developed:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Cleaning bedroom and living room <input type="checkbox"/> Cleaning bathroom and kitchen <input type="checkbox"/> Laundry <input type="checkbox"/> Cooking <input type="checkbox"/> Grocery planning <input type="checkbox"/> Budgeting for rent, utilities, etc. <input type="checkbox"/> Able to pay rent, utilities, etc. <input type="checkbox"/> Speak with landlord <input type="checkbox"/> Problem-solve <input type="checkbox"/> Manage emotions and/or anger <input type="checkbox"/> Follow crisis plan when necessary <input type="checkbox"/> Understanding of tenant responsibilities <input type="checkbox"/> Understanding of landlord responsibilities <input type="checkbox"/> Guest management <input type="checkbox"/> Time management <input type="checkbox"/> Make appointments and attend them <input type="checkbox"/> Transportation (knowledge of bus routes, etc.) <input type="checkbox"/> Other: _____
<p>Money Management</p>	
<p>Does the client currently have an income source? (ie.: Employed, social assistance, disability support, etc.)</p>	

Do you feel the client manages their money well? If not, would they benefit from the support of a Public Trustee or Public Guardian?	
Physical Health	
Does the client have any Physical Health issues that may impact their ability to secure and maintain an apartment independently?	
Is the candidate capable of managing their physical health?	
Any other information regarding their physical health that the Housing Outreach Program should be aware of:	
Mental Health	
Does the client candidate's Mental Health diagnosis? Please provide supporting documentation from the evaluation.	
Does the candidate have intellectual and/or cognitive impairments, or learning disabilities? If yes, what are these? Please provide additional documentation.	
How would these intellectual and/or cognitive impairments impact their ability to live independently in the community?	
Has the candidate had any psychiatric and/or medical hospitalizations within the past two years?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Currently in hospital or other: _____ <input type="checkbox"/> Please explain; when, length of time and reason? _____ _____ _____
For candidates currently admitted, who will provide support post-discharge?	
Behaviours that the candidate has presented in the past:	<input type="checkbox"/> Wandering/AWOL Risk <input type="checkbox"/> History of aggression towards self (self-harm) <input type="checkbox"/> History of aggression towards others or property <input type="checkbox"/> Current suicidal thoughts <input type="checkbox"/> Social isolation/avoidance/withdrawal <input type="checkbox"/> Risk taking (ie. prostitution, selling drugs, etc.), impulse control/conflict <input type="checkbox"/> Other: _____ _____
When was the last time the candidate presented these behaviours? What was the context of the behaviours?	

Further information regarding these behaviours or other mental health symptoms the individual presents:	
Medication Management	
Does the client take any medications for their mental health or physical health?	
Does the client have difficulty taking their medication? (ie. taking it regularly, not following prescribed dosage, sharing or selling them, taking meds that are not prescribed to them, etc.)	
Addictions and/or Substance Use Disorder	
Does the client have any addictions and/or substance use related disorders?	
If yes, are they currently receiving addiction support? What are these supports?	
Does the client's addiction impact their ability to maintain stable housing? If yes, what are these impacts?	
Support System	
Does the client have any supports in the community? Do they access these supports regularly?	
Please list supports the client already has in place:	(ie. Mental health, educational/employment, recreational, etc.)
Program Engagement	
Participants are required to meet regularly with their Housing Support Worker, is the client willing to follow through with this expectation?	
Is the client also willing to create and work on a case plan and short and long-term goals with their Housing Support worker?	

Independent Living Inventory

Please have the client rate themselves on their ability to do the following independent living skills. Please also provide your own rating of how you feel the client is able to do the following independent skills.

Skill Area	1 (has developed these skills)	2	3	4 (has challenges in this area)	Client Rating	Referral Rating
Housing	Housing is adequate and secure; able to live independently	Housing is inadequate or insecure; may require some support	Housing is temporary and/or substandard; requires regular support	Homeless or will be homeless in 30 days; will require intensive support		
Income	Sufficient income, can meet basic needs	Has income, but isn't sufficient and needs are not regularly met	Inadequate income, and/or inappropriate spending	No income		
Education	Post-secondary high school education	Completed high school or GED	Completed some education	Non functional reading and writing skills		
Employment	Currently has stable employment	Supported themselves temporarily with employment in the last 2 years	Was employed in the past 5 years or was not able to maintain employment	Has not been employed in the last 10 years		
Money Management	Excellent budgeting, and spends appropriately	Adequate budgeting skills, will spend inappropriately (once a week)	Some budgeting skills, spends inappropriately (4-5 times per week)	Is not able to budget, does not spend money appropriately		
Meal Preparation and Grocery Shopping	Excellent meal prep skills. Well developed grocery planning and purchasing skills	Adequate meal prep skills; adequate grocery planning. Could develop further.	Some food prep skills and grocery planning and purchasing, needs to develop further	Unable to prepare food; unable to plan or purchase groceries		
Self-Care and Independent Living Skills	Excellent personal hygiene skills and cleaning skills	Adequate personal hygiene skills and cleaning skills; needs some support	Has some skills required to maintain their personal hygiene and their living space; needs frequent support	Unable to maintain their personal hygiene or their living space		
Physical Health Management	Well developed physical health management skills, is relatively healthy	Able to manage their physical health, needs some support	Lacking physical health management skills, requires support	Present as requiring intensive support to manage physical health		
Mental Health Management	Hasn't had a mental health crisis for over 6 months, copes well with their mental health	Hasn't had a mental health crisis for over 3 months, needs some mental health support	Has had a mental health crisis within the past 3 months, needs frequent mental health support	Currently in mental health crisis, requires intensive mental health support		
Medication Management	Capable of managing their medication independently	Has developed some medication management skills; sometimes misuse, etc. their medication	Lacks medication management skills, often misuses their meds(1-3 times/week), needs a lot of support	Lacks medication management skills, frequently misuses their meds (4-6 times/week), needs intensive support		
Addictions and/or Substance Use Disorder	Hasn't struggled with addiction in over 6 months, is receiving recovery support	Hasn't struggled with addiction in over 3 months, is receiving recovery support	Has struggled with addiction in the past 3 months, is interested in recovery programming	Currently struggling with addiction, not interested in a recovery program		
Harmful and/or Risk-taking Behaviour	Practicing harm reduction; does not engage in risk-taking behaviour	Practicing harm reduction; but will sometimes engage in risk-taking behaviour	Practicing harm reduction; but frequently engages in risk-taking behaviour	Partakes in unsafe and risk-taking behaviour; not interested in harm reduction		
Legal	No current legal issues, does not partake in	Minor legal issues, working to resolve these	Minor outstanding legal issues, needs to resolve	Major outstanding legal issues, needs to resolve		

	illegal behaviour		these (may result in fines, or probation)	these (likely will result in fines or incarceration)		
Problem Solving	Capable of solving problems independently	Has developed some problem solving skills, sometimes makes poor decisions, needs some support	Lacks problem solving skills, makes poor decisions (1-3 times/week), needs a lot of support	Lacks problem solving skills, frequently makes poor decisions (4-6 times/week), needs intensive support		
Family, Social & Community support	Excellent support system, well connected to other services	Adequate support from family, friends, community services, could develop more	Some support from social and community services, requires additional	Not connected to social and community services		
Total:					/60	/60

Please include the following applicable documents:

- Criminal History
- Behavioural History
- Psychiatric History
- Medical History
- Cognitive and/or Psychiatric Evaluations
- Discharge Plan
- Other _____

Signature of Client: _____ Date: _____

Signature of Referral Source: _____ Date: _____

**Incomplete application may affect the client's acceptance to the program.
Once completed in full, please return a copy of the application to, with applicable documents attached:**

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