



Housing Outreach Team: supports clients to secure and maintain their independent apartment in the community. Housing Outreach workers will meet with clients regularly (approximately once a week) to work on daily living skills such as budgeting, cooking, cleaning, etc. Clients must be able to pay their own rent (can be through Social Assistance, DSP, etc.). Please provide detailed information regarding the candidate to assess their eligibility to the program.

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: _____ Date: _____	

As the referral source, what is your role? And how long have you been working with this individual? Will you continue to act as a support for this individual?

Housing

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

Reasons for candidate's housing instability (select all that apply):	<input type="checkbox"/> Loss of housing, eviction, etc. <input type="checkbox"/> Lack of affordable housing <input type="checkbox"/> Physical health issues <input type="checkbox"/> Addictions (Substance use, gambling, etc.) <input type="checkbox"/> Poor mental health or addictions coping skills <input type="checkbox"/> Serious mental health symptoms <input type="checkbox"/> Family Issues <input type="checkbox"/> Relationship breakdown, problems with family/friends <input type="checkbox"/> Abuse (Physical, emotional, other) <input type="checkbox"/> Discrimination <input type="checkbox"/> Employment loss
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	<input type="checkbox"/> Financial difficulties <input type="checkbox"/> Legal/Criminal Justice <input type="checkbox"/> Lack of skills to live independently <input type="checkbox"/> Other: _____
Has the candidate lived independently previously? For how long? Why did they leave that situation?	
Do you feel that the candidate is able to live independently currently without daily support? If no, why?	
Independent living skills you feel that the client has already developed:	<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: _____
Money Management	
What is the client's current income source? (ie.: Employed, social assistance, disability support, etc.)	
How well does the client manage their money?	
Physical Health	
Does the client have any Physical Health issues that the Housing Outreach Program should be aware of?	
How well does the candidate manage their physical health?	
Mental Health	
What is the candidate's mental health diagnosis? Please provide supporting documentation.	

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?	
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.) <input type="checkbox"/> Impulse control/conflict <input type="checkbox"/> Serious mental health symptoms requiring hospitalization <input type="checkbox"/> Other: _____
When was the last time the candidate presented these behaviours? What was the context of the behaviours?	
Medication Management	
What medications does the client take for their mental health and/or physical health?	
How well does the candidate manage their medication? (ie. not following prescribed dosage, sharing or selling them, taking meds that are not prescribed to them, etc.)	
Addictions and/or Substance Use Disorder	
What is the candidates history with addictions and/or substance use related disorders?	
If yes, what supports do they access for their addictions and/or substance use?	
What are the impacts of the candidates addictions and/or substance use disorder?	
Support System	
Please list supports the client is already connected with: <input type="checkbox"/> Name: _____ Phone Number: _____ <input type="checkbox"/> Name: _____ Phone Number: _____	

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Please check all supports who the client gives us consent to speak to in regards to their application, and to set up an intake meeting.

Client Signature: _____ Date: _____

*Once we begin working with the client, we will require further consents to speak to these supports about their case plan and housing needs. This consent would only allow us to discuss their application and to set up an intake meeting with the client.

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, as the referral source, 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 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	Some budgeting skills, will spend sometimes inappropriately	Some budgeting skills, regularly spends inappropriately	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	Needs frequent support to maintain their personal hygiene and their living space	Unable to maintain their personal hygiene or their living space		
Physical Health Management	Well developed physical health management skills	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	Has developed some medication management	Lacks medication management skills, often	Lacks medication management skills,		

	independently	skills; sometimes misuse, etc. their medication	misuses their meds (1-3 times/week), needs a lot of support	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 illegal behaviour	Minor legal issues, working to resolve these	Minor outstanding legal issues, needs to resolve these (may result in fines, or probation)	Major outstanding legal issues, needs to resolve 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 documents that are relevant to the client's case plan:

- Photocopy of Provincial health card, and identification
- Physical and/or mental health history
- Cognitive and/or Psychiatric Evaluations
- Criminal history
- 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:**

Andrea Van Wiechen, Program Coordinator
Canadian Mental Health Association - PEI Division
Mailing Address: P.O BOX 785, Charlottetown, PE C1N 1S1
Office Address: 76 Kent St. Charlottetown, PE C1A 1M9
Office: 902-628-3662
Fax: 902-628-3665
Email: a.vanwiechen@cmha.pe.ca