

**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? How long have you been working with this individual? Will you continue to act as a support for this individual?	
<b>Housing</b>	
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 <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: _____
<b>Money Management</b>	
What is the client's current income source? (ie.: Employed, social assistance, disability support, etc.)	
How well does the client manage their money?	
<b>Physical Health</b>	
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?	
<b>Mental Health</b>	
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?															
<b>Medication Management</b>															
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, etc.)															
<b>Addictions and/or Substance Use Disorder</b>															
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?															
<b>Support System</b>															
<p>Please list supports the client is already connected with:</p> <table border="0"> <tr> <td><input type="checkbox"/> Name: _____</td> <td>Phone Number: _____</td> </tr> <tr> <td><input type="checkbox"/> Name: _____</td> <td>Phone Number: _____</td> </tr> <tr> <td><input type="checkbox"/> Name: _____</td> <td>Phone Number: _____</td> </tr> <tr> <td><input type="checkbox"/> Name: _____</td> <td>Phone Number: _____</td> </tr> <tr> <td><input type="checkbox"/> Name: _____</td> <td>Phone Number: _____</td> </tr> <tr> <td><input type="checkbox"/> Name: _____</td> <td>Phone Number: _____</td> </tr> <tr> <td><input type="checkbox"/> Name: _____</td> <td>Phone Number: _____</td> </tr> </table> <p>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.</p> <p>Client Signature: _____ Date: _____</p> <p><small>*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.</small></p>		<input type="checkbox"/> Name: _____	Phone Number: _____	<input type="checkbox"/> Name: _____	Phone Number: _____	<input type="checkbox"/> Name: _____	Phone Number: _____	<input type="checkbox"/> Name: _____	Phone Number: _____	<input type="checkbox"/> Name: _____	Phone Number: _____	<input type="checkbox"/> Name: _____	Phone Number: _____	<input type="checkbox"/> Name: _____	Phone Number: _____
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## 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
<b>Housing</b>	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		
<b>Income</b>	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		
<b>Education</b>	Post-secondary high school education	Completed high school or GED	Completed some education	Non functional reading and writing skills		
<b>Employment</b>	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		
<b>Money Management</b>	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		
<b>Meal Preparation and Grocery Shopping</b>	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		
<b>Self-Care and Independent Living Skills</b>	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		
<b>Physical Health Management</b>	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		
<b>Mental Health Management</b>	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		
<b>Medication Management</b>	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		
<b>Addictions and/or Substance Use Disorder</b>	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		
<b>Harmful and/or Risk-taking Behaviour</b>	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		
<b>Legal</b>	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)		

<b>Problem Solving</b>	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		
<b>Family, Social &amp; Community support</b>	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		
<b>Total:</b>					<b>/60</b>	<b>/60</b>

**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 VanWiechen, Program Coordinator**

*Canadian Mental Health Association - PEI Division*

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