



Healing with Hope Referral Form

Referral Source

Referring Worker: _____ Telephone: _____

Agency: _____ Date: _____

Reason for Referral:

Individual Information

First Name: _____ Last Name: _____

Date of birth: _____ Gender: _____

Health Card #: _____ Status Card #: _____

No Health Card _____ No Status card _____ NA _____

Emergency Contact: _____

Relationship: _____ Contact: _____

Can we contact your referring worker for addition information if needed Yes _____ No _____

Current Living Arrangements: Fixed address _____

Couch Surfing _____ Hospital _____ Shelter _____ Treatment _____ Jail _____ Other _____

If you have current housing, would you be willing to give up that housing to reside in the residential program of HWH? Yes _____ No _____

Telephone number: _____ Other: _____

Email address: _____

Preferred method of communication with HWH: Email _____ Telephone _____ Other _____

Preferred Language: English _____ French _____ Other: _____

Aboriginal Status: Yes _____ No _____ Prefer not to answer: _____

If yes, please identify: Cree _____ Ojibway _____ Inuit _____ Other _____

Family Physician/ Nurse Practitioner: Yes _____ No _____ Currently on waitlist _____

Name: _____ Telephone number: _____

Psychiatrist: Yes ___ No ___ Currently on waitlist ___

Name: _____ Telephone number: _____

Do you live with risk factors associated with:

Mood disorders (i.e. depression, bipolar)	Aggression concerns/behaviors	Hallucinations	Suicidal ideation
Homicidal ideation	Self-neglect/self harm	Harmful environment	Anxiety

Legal

Have you had any involvement with the Criminal Justice System? Yes _____ No _____

Currently on probation	Yes No	Is treatment a condition of probation	Yes No
Do you have pending court dates? If yes, When? _____	Yes No	Have you ever been incarcerated? If yes, for what?	Yes No

INCOME: OW _____ ODSP _____ CPP/OAS _____ None _____ Other: _____

Name of worker: _____ Contact number: _____

What is (on average) you monthly income? \$ _____

Alcohol Use

Type of alcohol	Amounts consume (x _oz/litres)	Frequency (please circle)		
Bottles		Day	Week	Month
Drinks		Day	Week	Month
Cases of beer		Day	Week	Month
Non-Beverage alcohol (Listerine, sanitizer, rubbing alcohol)		Day	Week	Month

Substance Use

Type of substance	Amount used	Route taken	How often			
Heroin			Daily	Weekly	Monthly	Yearly
Cocaine			Daily	Weekly	Monthly	Yearly
OxyContin			Daily	Weekly	Monthly	Yearly
Barbiturates			Daily	Weekly	Monthly	Yearly
Speed			Daily	Weekly	Monthly	Yearly
Methamphetamines			Daily	Weekly	Monthly	Yearly
Cannabis			Daily	Weekly	Monthly	Yearly
Benzodiazepines			Daily	Weekly	Monthly	Yearly
Fentanyl			Daily	Weekly	Monthly	Yearly
Methadone/Suboxone			Daily	Weekly	Monthly	Yearly

Would you be willing to join a Suboxone program to support opioid use? Yes ___ No ___

Have you ever been to a treatment facility for your substance use Yes _____ No _____

Where? _____ When? _____

Additional Comments:

Date: _____ Individual Signature: _____

Healing with Hope Residential Home

Healing with Hope provides services to support individuals in addiction by following the Harm Reduction Approach to substance use. Healing with Hope houses individuals who are homeless or at risk of homelessness as well as struggling with addiction with alcohol. The goal of the program is to establish a stable environment, facilitate treatment-based activities, administer medical doses of alcohol to individuals to promote wellness, stability, and the prevention of withdrawal symptoms.

Criteria needed:

Individuals must meet all the following criteria:

- Homeless, street-involved or at risk of homelessness.
- Ability to have their care safely managed within the community setting.
- The desire to participate in a managed alcohol program
- 19 years of age or older.
- Have an income to support associated program expenses or
- Willing to obtain an income source through the support of HWH program staff

Individuals must meet a minimum of two of the following criteria:

- Consumption of Non-Beverage forms of alcohol (ie. Mouthwash, rubbing alcohol, hand sanitizer etc.)
- A long history of street drinking
- Other complex health concerns that are not being addressed because of alcohol use
- Frequent use of emergency services (ER, EMS, Police, Social Services)

Criteria related to alcohol use

- Identified as being vulnerable (physically and/or socially and/or mentally)
- Restricted or barred from other community services because of alcohol use
- Alcohol related health concerns (ie. Seizures, blackouts, liver disease, acquired brain injury etc.)

Next steps:

1. Call the case manager at 705-675-7252 x. 704 or fax the referral to 705-586-3478
Attention: **Intake/Case Manager**.
2. HWH intake will contact referral source or the individual to advise on eligibility and next steps within 4-5 business days
3. If eligible, HWH will arrange for a comprehensive intake assessment to occur.
4. After the intake, the primary care team will review to determine if all medical, psychological and addiction needs can be met within the scope of the program.
5. Intake will contact the referral source or the individual as to next steps.
6. If ineligible, HWH intake will discuss other options available to the individual (if applicable).

NOTE: If individual is unable to provide contact information, signing below will provide consent for HWH to speak to the person identified below

I, _____ provide CMHA-HWH staff to speak to provide information to _____ at _____ (phone number) as it pertains to my eligibility to Healing with Hope.

Signature of applicant _____ Date _____