

PORTABLE HOUSING BENEFIT - MENTAL HEALTH PROJECT

Referral

PERSONAL INFORMATION

Client's Name: _____

Phone #: _____

Date of Birth: _____

PROVIDER INFORMATION

Referral Source:

Name: _____

Phone #: _____

Organization: _____

Email: _____

EIA Worker: _____

Phone #: _____

Community Area Office: _____

File #: _____

PTO Client Administration Officer: _____

Phone #: _____

HOUSING INFORMATION

Client's Current Address: _____

Community Area: _____

Length of Tenancy: _____

Current Landlord: _____

Current Landlord's Address and Phone #: _____

Client is PRESENTLY residing in: (please select one)

Apartment

Homeless

House

Hotel

Rooming House

Parents/Family

Hospital/CSU

Emergency Shelter

Group Home/Residential Care

Current Rent Amount: \$ _____

Reason for applying for PHB: _____

Client's PREVIOUS Address: _____

Community Area: _____

Length of Tenancy: _____

Previous Landlord & Address: _____

Previous Rent Amount: \$ _____

Client's PREVIOUS Housing Situation: (please select one)

Apartment

Homeless

House

Hotel

Rooming House

Parents/Family

Hospital/CSU

Emergency Shelter

Group Home/Residential Care

Reason for moving: _____

GENERAL INFORMATION

1. What problems does client have with present housing?

2. What services and/or supports is client receiving? (Provide Details)

3. Is alcohol, drug or substance use currently a problem? No Yes (please explain below)

4. What service goals have been established with client in past twelve months? What has been achieved?

5. How would PHB assist client in attaining goals or establishing new ones?

6. Include from the EIA Worker any comments regarding the above noted questions and any other relevant information?

7. Please include comments from client/family on potential impact of Portable Housing Benefit:

Client:

Family:

INSTRUCTIONS:

Please check all that apply for your client. These criteria will be used in client selection and for research purposes.

NOTE: For the 5 factors with an asterisk (*) please identify the number of times in the space provided after the asterisk.

Criteria 1 – Program Eligibility

- Presently enrolled EIA as a person with a mental health disability
- Anticipated that consumers would require this service for next year
- Individual is not involved in mental services through WRHA

Criteria 2 – Better Service Outcomes

- Expect increased clinical/functional improvements as result of better housing
Explain: _____

- Expect increased participation in community because of better housing
Explain: _____

- Expect increased engagement in service with better housing
Explain: _____

NOTE: In cases where individual wishes to stay in current housing, adjust wording in Criteria 2 accordingly (i.e.: maintain engagement in service)

Criteria 3 – Lack of Decent and Affordable Housing (check all that apply)

- Presently homeless or “couch surfing”
- Living with family in an unstable situation
- Poor quality housing
- Unsafe housing
- Client has experienced moves in the past 12 months * _____
- Client has experienced evictions in the past 12 months * _____
- Displaced by hotel, board & room or other housing closure in past 12 months
- At risk of losing housing

Criteria 4 – Specialized Housing/Service Needs

- Requires different housing type or neighbourhood due to complex clinical/functional issues
Explain: _____

- Requires accessible/specialized housing because of disability and medical conditions
Explain: _____

Criteria 5 – High Service Utilization

- The number of hospital/CSU admissions in past 12 months * _____
- The number of visits/uses of Emergency Rooms or emergency services (i.e. ambulance/police) in past 12 months * _____
- The number of nights in homeless shelters in past 12 months * _____
- Presently residing in hospital/CSU, shelter, group home or transitional facility

