



**STREET HAVEN ADDICTION SERVICES  
REFERRAL FORM**

Date: \_\_\_\_\_ Requested Service: Addiction Case Management / Grant House

Referring Agency/ Service: \_\_\_\_\_ Staff: \_\_\_\_\_

Name of Client: \_\_\_\_\_

Age (approx.): \_\_\_\_\_ Date of Birth (if available): \_\_\_\_\_

Phone: \_\_\_\_\_ Safe to leave message/text? YES / NO

E-mail Address (if available/confidential): \_\_\_\_\_

Address/General Area: \_\_\_\_\_

Needs/ Concerns (check all that apply – brief description in area provided if available)

Please include as much information as possible

- Addiction - Substance(s) \_\_\_\_\_
- CAS involvement: \_\_\_\_\_
- Any family support: \_\_\_\_\_
- Any Income: \_\_\_\_\_
- Needs housing: \_\_\_\_\_
- Immigration issues: \_\_\_\_\_
- Legal issues: \_\_\_\_\_
- Mental Health: \_\_\_\_\_
- Other - specify: \_\_\_\_\_
- Physical Health: \_\_\_\_\_
- Relapse Prevention: \_\_\_\_\_
- Relationships: \_\_\_\_\_
- Safety issues: \_\_\_\_\_
- Have you isolated yourself: \_\_\_\_\_
- Thoughts of suicide: \_\_\_\_\_
- Traumatic events: \_\_\_\_\_

Do you currently have other supports? Friends/workers/doctor  
\_\_\_\_\_  
\_\_\_\_\_

Notes (Other important information):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please use back of page if needed\*\***

Please fax to **416-916-1059** – **Attention: Krystle Brady**. Thank you