



**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 **416-920-3380 – Attention: Program Supervisor**. Thank you.
If you require further information, please call Program Supervisor at
416-960-9430 Ext. 329