STREET HAVEN ADDICTION SERVICES
REFERRAL FORM
Please print

Date: ______________ Requested Service: Addiction Case Management / Grant House

Referring agency: ______________________________ Name of staff: ____________________

Phone # of agency: ______________________________ Agency admission date: ___________

Name of Client: ______________________________ Preferred name: ____________________

Date of Birth (dd/mm/yyyy) ______________________ Age (approx.): ____________________

Phone # ______________________________ Safe to leave message/text? YES / NO

Address/General Area: ____

Reason for referral

- ☐ Substance use: ______________________
- ☐ Mental health: ______________________
- ☐ Physical Health: ______________________
- ☐ Any Income: ______________________
- ☐ Legal issues: ______________________
- ☐ Relapse Prevention: ________________
- ☐ Relationships: ______________________
- ☐ Safety issues: ______________________
- ☐ Have you isolated yourself? __________
- ☐ Thoughts of suicide: ________________

The reason for completing this referral has been explained to me YES / NO

Do you currently have other supports? Family/friends/workers/doctor ____________________

____

____

Notes (Other important information):

____

How did you hear about us? ____

CLIENT DEMOGRAPHIC SURVEY

Date:_________________
month/year

Please check the boxes that apply to you

Age Group

☐ 16-24 ☐ 25-40 ☐ 41-64 ☐ 65 and over

Gender

☐ Female ☐ Trans ☐ Other ____________________

Source of Income

☐ Ontario Works (OW)
☐ Spouse/Family
☐ Private Disability Insurance
☐ Employment (Part time/Full time)
☐ Other ____________________
☐ Ontario Disability Support Program (ODSP)
☐ Old Age Security/Canadian Pension Plan (OAS/CPP)
☐ Employment Insurance (EI)
☐ No Source Of Income

Housing

☐ Shelter ☐ Respite/Drop-in ☐ Supportive Housing ☐ Transitional Housing
☐ Rooming House ☐ Subsidized Housing ☐ Subsidized Housing Waiting List
☐ In-Residence Treatment ☐ Half-Way House ☐ Temporary Housing (staying with friend)
☐ Other ________________

Education

☐ Elementary ☐ Secondary ☐ Post Secondary ☐ GED

Involvement with the Law

☐ Probation ☐ Parole ☐ Other ☐ No Involvement

Member of Designated Group

☐ Indigenous ☐ Newcomer ☐ Refugee ☐ LGBTQ2S ☐ Visible Minority
☐ Person with Disability ☐ Francophone ☐ Veteran

Do you have experience with:

☐ Chronic Disease ☐ Mental Health ☐ HIV/HepC ☐ Trauma ☐ Addiction

How did you hear about Street Haven?

☐ Internet ☐ Word of Mouth ☐ Health/Community Agency, name_______ ☐ Other ________________

Please fax to **416-916-1059** or email to **GHFAX@streethaven.com**
Attention: Program Supervisor. Thank you.
If you require further information, please call Program Supervisor at
416-960-9430 Ext. 329