



**416 Community Support for Women**  
 416 Dundas Street East, Toronto, Ontario, M5A 2A8  
 Tel: (416) 928-3334 | Fax: (416) 928-2044

**Referral/Application Form**

(Referrals can be faxed to the attention of Program Coordinator - Alex Branston)

Select all that apply: **(Please see the last page for a description of programs)**

Mental Health Case Management

Addictions Case Management

Drop-in/Food program (including Food Bank)

Health & Wellness Clinic Program

Applicant Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ DD MM YYYY

Current Housing Situation \_\_\_\_\_

Address (or mailing address) \_\_\_\_\_

Applicant's cell phone/contact number (if any) \_\_\_\_\_

Name of partner/friend \_\_\_\_\_ Relationship \_\_\_\_\_

Partner/friend's phone number(s) \_\_\_\_\_

OHIP \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ VC \_\_\_\_\_ SIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: ( ) Female ( ) Male ( ) Trans-Female ( ) Trans-Male ( ) Other

Source of Income: Work \$ \_\_\_\_\_ ODSP \$ \_\_\_\_\_ OW \$ \_\_\_\_\_

CPP \$ \_\_\_\_\_ Private Disability \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Status:  Canadian Citizen,  Landed Immigrant,  Refugee / Protected Person

Refugee Claimant.

Native Language \_\_\_\_\_ Preferred Language \_\_\_\_\_

Cultural Background \_\_\_\_\_ Religion \_\_\_\_\_

Highest Education Level \_\_\_\_\_

**Referring Agency** \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact# \_\_\_\_\_

Referral Reason  Homelessness  Physical Health Crisis  Mental Health Challenges

Substance Use Challenges  Other \_\_\_\_\_

If the Referral source is a Hospital please attach the Discharge Paperwork.

**Immediate Health Concerns** \_\_\_\_\_

**Physical Health Conditions** \_\_\_\_\_

**Family Dr's Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Psychiatrist Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Specialist Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Medication Regimen (Physical Health Meds 2.Mental Health Meds, 3.Others.)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Drug / Food allergies** \_\_\_\_\_

**Pharmacy Name** \_\_\_\_\_ **Address/Phone** \_\_\_\_\_

**Mental Health Diagnosis** \_\_\_\_\_ , \_\_\_\_\_

**Age of Onset** \_\_\_\_\_ **Date of 1<sup>st</sup> Mental Health Hospitalization** \_\_\_\_\_

**Number of Mental Health Hospitalizations in the last 2 years** \_\_\_\_\_ **total of days** \_\_\_\_\_

**Currently on treatment:**  Yes  No. If "Yes" where? \_\_\_\_\_

**Substance/Alcohol Use** \_\_\_\_\_

**Currently in treatment:**  Yes  No. If "Yes" where? \_\_\_\_\_

**Substance/ Alcohol Use Frequency/Amount** \_\_\_\_\_

**Legal Involvement:**  Yes  No. If "Yes" please comment \_\_\_\_\_

**Have you ever displayed the following behaviors?**

Suicidal                       Self-Abusive                       Aggressive                       Assault

**Comment (e.g.: circumstances at the time, how long ago? etc)** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

**Next of Kin** \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

1. Number of visits to Emergency in the last year \_\_\_\_\_ in the last 2 months \_\_\_\_\_

2. Number of hospitalizations in the last year \_\_\_\_\_ total of inpatient days \_\_\_\_\_

3.a) Number of withdrawal management admissions in the last year \_\_\_\_\_ total of days \_\_\_\_\_

3.b) Number of "Day Program" admissions in the last year \_\_\_\_\_ total of days \_\_\_\_\_

4) Number of arrests in the last year \_\_\_\_\_ total of days served \_\_\_\_\_

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Referral Source Printed Name

\_\_\_\_\_  
Referral Source Signature

Date     /     /      
    DD      MM      YYYY

**For 416 Community Support for Women Use Only**

Recommended to \_\_\_\_\_ Program  
Comment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **LOFT – 416 Program Descriptions**

### **Mental Health and Addictions Case Management**

Comprehensive community support program for individual women (including trans women) who are living with mental health and/or addictions challenges in Toronto. The service is provided in the client's own environment and referrals are accepted from a wide variety of sources, including self-referrals. The Case Management program operates using a community support model, and as such includes the following functions:

- Individualized assessment and goal setting
- Supportive counselling
- Teaching and support of daily living skills
- Crisis prevention and intervention
- Network building and the coordination of care teams
- Substance abuse support
- Mental Health advocacy and support
- Advocacy and referral to other services

### **Drop-In/Food Programs**

Open 7 days a week and 365 days a year, the Drop-In program focusing on provisions and promotion of opportunities for women and trans women to develop inter-personal, social and life skills, in order to interact fully in their communities.

- Daily meal program – breakfast (8:30am-10:00am) and lunch (12:00pm-1:30pm)
- Daily scheduled group programming – including psychoeducation workshops and groups, social activities such as art, knitting, beading and outings, group facilitation related to mental health and/or addictions supports (monthly calendar available)
- Food bank – once a week (Thursday) for registered clients. Offering a variety of fresh food and non-perishable items
- Referrals or linkages to crisis supports – shelters, mental health crisis supports, etc.

### **Health and Wellness Programs**

Offering a variety of services related to the health and wellness of women and trans women living with mental health and/or substance use challenges. With a multi-disciplinary approach, our program aims to provide collaborative and compressive health services to women and trans women through the following services:

- 2 Primary Care Physicians on site – Tuesday and Thursday afternoons (referral needed from the Nurse Practitioner at 416)
- Community outreach for women living with complex health issues that have difficulty accessing care
- On-site psychiatric assessment and mental health management
- Smoking Cessation Program (S.T.O.P – in conjunction with CAMH) – 12 month program
- Chinese Medicine doctor – 1 day per month on Wednesdays
- Chiropodist – twice monthly on Fridays