



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 1st 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
- Chiropract – twice monthly on Fridays
- Acu-detox and meditation group on Wednesdays
- Chair yoga on Wednesdays
- Chair exercise on Fridays