

Adult Services (18 Years +) Referral Form



For any questions or inquiries about Adult Services programming, or about the Partner Assault Response (PAR) Program, please contact Sarita Leicher, Adult Services Manager, at 437-431-0231 or sleicher@jhsyork.ca

Referral Being Made for Following Program(s):

- Mindset:** Anger management program that utilizes techniques based on Cognitive Behavioural Therapy (CBT) to help increase your capacity to better understand and manage your anger and emotional responses in a more constructive and positive manner. This is a fee-for-service program, with fees based upon one's income and individual circumstances.
- Reintegration Program:** Supports those involved with the criminal justice system reintegrate back into their home communities in York Region by providing case management supports, immediate temporary housing options with support to secure stable housing, and support with basic needs and housing start-up support.
- Mental Health & Addictions Peer Support (MAPS) Program** **All referrals for the MAPS Program, please only fill out page 3 and 4 of this form:** Program staffed with Peer Support Workers, individuals with lived experience with criminal justice involvement, homelessness, mental health concerns and/or addiction concerns. Peer Support Workers will work with clients to explore recovery goals, help connect them with community supports and services. and provide accompaniment to appointments such as probation, court, counselling etc.

Notes:



REFERRAL INFORMATION

Referring Agency: _____

Referral Made By: _____

Date of Referral: _____

Name

MM/DD/YYYY

Contact Information: _____

Phone Number

Email

Notes: _____

CLIENT INFORMATION

Client Name: _____

Client Phone Number: _____ Client Email: _____

Interpreter Required? Yes – If yes, language required: _____
 No

Notes: _____

AUTHORIZATION FOR THE EXCHANGE OF INFORMATION

This form authorizes the release and sharing of confidential information pertaining to me between John Howard Society of York Region (JHSYR) and _____.
Agency Name

I, _____, authorize this release of information in writing.
Client's Name

Client Signature: _____ Date: _____
(MM/DD/YYYY)

MENTAL HEALTH AND ADDICTIONS PEER SUPPORT (MAPS) REFERRAL FORM

Please complete this form and e-mail in confidence to the John Howard Society of York Region to Sarita Leicher at sleicher@jhsyork.ca

Probation Office Address:	Probation Officer:
	Referral Date:

CLIENT INFORMATION			
First Name:	Last Name:		
D.O.B :	OTIS #:		
Gender Identity:	Preferred Language of Communication:	Interpreter Needed:	
Living Arrangements:	<input type="checkbox"/> Home <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Independent		
Address:			
Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Emergency Contact Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Employment Status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> ODSP/OW		
Employer:	Work Hours:		
<p>Please indicate if the client has issues with any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Substance Use <input type="checkbox"/> Mental Health <input type="checkbox"/> Family/Peer <input type="checkbox"/> Employment <input type="checkbox"/> Education <p>Please elaborate on all risk factors assessed by PPO that the JHS agency should be made aware of:</p> <p>Are there any other considerations we should be made aware of? (e.g., religious, cultural, etc.):</p>			
Current community supports, if applicable:			

REMOTE PROGRAMMING ACCESSIBILITY

Does the client have access to a phone?

Does the client have an email address which could be provided?

Email:

Does the client have access to a computer and/or smart device and/or Wi-Fi to support online programming?

Does the client have access to a confidential/safe time and space in order to partake in remote programming?

ADDITIONAL CLIENT INFORMATION:

I, _____, agree to this referral and am willing to participate in this program.

Applicant Signature: _____ Date: _____