Canadian Mental Health Association Lambton Kent
Mental health for all
Association canadienne pour la santé mentale Filiale de Lambton Kent
La santé mentale pour tous

CMHA Housing Intake

Date:_____ Time:_____

DEMOGRAPHIC INFORMATION:

Client Name	**DOB:**	**Age:**
Address:		**Apartment #:**
City:		**Postal Code:**
Phone Number:		**Ok to Leave Msg**? ☐ Yes ☐ No
Alternate Contact Number:		**Ok to Leave Msg**? ☐ Yes ☐ No
Alternate Contact Address:		**Relationship:**
Health Card Number:	**Version Code:**	**Expiry Date:**

REFERRAL INFORMATION:

Psychiatrist :	**Specialist:**
Family Physician:	☐ No Doctor

Marital Status: ☐ Single ☐ Married ☐ Common-law ☐ Divorced ☐ Widow/Widower

Do you have any dependents? ☐ Yes ☐ No

Dependent's name:	**Age:**
1.	
2.	
3.	
4.	

Ethnicity: ☐Aboriginal ☐ Non-Aboriginal ☐ Unknown/declined ☐ Other

Preferred Language: ☐ English ☐ French ☐ Other:

Languages Spoken: ☐ English ☐ French ☐ Other:

Education Status: Highest Level of Education attained: _____

Where: _____

Note if Developmentally Delayed**:**

KNOWN RISK FACTORS FOR AGGRESSIVE BEHAVIOR

1. **History of physical assault against others:** ☐ Yes ☐ No

   Comments:_____

2. **History of physical assault against you:** ☐ Yes ☐ No

   Comments:_____

3. **History of sexual assault against others:** ☐ Yes ☐ No

   Comments:_____

4. **History of sexual assault against you:** ☐ Yes ☐ No

Comments:_____

5. **History of verbal abuse against others:** ☐ Yes ☐ No

Comments:_____

6. **History of verbal abuse against you:** ☐ Yes ☐ No

Comments:_____

7. **Possession of Weapons** ☐ Yes ☐ No

Comments:_____

Summary of Clients needs/expected outcome through housing project.	**Score**
Preferred Housing Outcome: ☐ **Transitional** ☐ **Supportive** ☐ **Social** ☐ **LTC** ☐ **Retirement** ☐ **Private Market Rental** ☐ **Home Ownership** **During the apartment search period, would you be willing to reside in transitional housing?** ☐ Yes ☐ No **Apartment Size :** ☐ Bachelor ☐ 1 Bedroom ☐ 2 bedroom ☐ 3 bedroom **Preferred Location:** ☐ Sarnia ☐ Forest ☐ Watford ☐ Corunna ☐ Point Edward ☐ Courtright ☐ Oil springs ☐ Other : Specify _____ **Have you recently applied for Sarnia housing?** ☐ Yes ☐ No **If so, when?**	

Financial Stability:	Score
Current source of income: ☐ Currently Employed ☐ O.W. ☐ O.D.S.P ☐ Employment insurance ☐ Pension ☐ No Income ☐ Other: _____ **Do you currently owe any rental arrears in which a plan to pay back has not been made?** ☐ Yes (1) ☐ No (0) **How are you at budgeting your finance?** ☐ No problem (0) ☐ moderate problem (1) ☐ Serious Problem/ Not known (2) **Are you currently receiving all benefits entitled to you? (Ex. G.S.T., Child Tax Benefits, C.P.P.)** ☐ Yes (0) ☐ No/Unsure (1) **Have you accessed any of the following Community Partners for Financial support?** 1. Salvation Army Date Accessed:_____ 2. St. Vincent de Paul Date Accessed: _____ 3. Inn of the Good Shepard Date Accessed: _____ 4. Neighbour Link Date Accessed: _____ 5. Other Date Accessed: _____	
Housing Status:	**Score**
Where are you currently staying? _____ **Do you currently lack a current place to stay?** ☐ No problem (0 points) ☐ Moderate problem (1 point) ☐ Serious Problem/ Not known (2 points) **Approximately how many times in the past 12 months have you been without housing?** ☐ 1-2 (1) ☐ 2-4 (2) ☐ 5 or more (3) **Do you have difficulty looking after the home?** ☐ No problem (0) ☐ moderate problem (1) ☐ Serious Problem/ Not known (2)	

Housing History/Transition/Issues :	Score
Who have you rented from in the past 5 years? **Have you been evicted from a residence in the past?** ☐ Yes If yes, give reason: _____ (1) ☐ No (0) **Does the person have difficulty looking after the home?** ☐ No problem (0) ☐ Moderate problem (1) ☐ Serious Problem/ not known (2)	

Life Skills:	Score
Do you have difficulty performing activities of day living? **(Ex. Bathing, cooking, brushing teeth**) ☐ Yes If yes, please explain: _____ (1) ☐ No (0) **Do you have access to a phone?** ☐ Yes (0) ☐ No (1) **Are you currently receiving additional community support?** ☐ Yes Where: _____ (0) ☐ No (1) **What is your method of transportation?** _____ **Do you have any difficulty accessing transportation?** ☐ No problem – has access to transportation (0) ☐ Moderate problem – some difficulty accessing transportation(1) ☐ Serious problem/not know – no transportation, unaware how to access transportation (2)	

Health Status:	**Score**

Have you or anyone in your family ever been diagnosed with a mental illness?

☐ Yes (1)
☐ No (0)

If yes, what was the illness? _____

Do you have any medical/ dental problems, not related to mental health?

☐ Yes (1)
☐ No (0)

If yes, what is the illness? _____

Are you currently prescribed a medication at which you are unable to attain due to financial reasons?

☐ Yes (1)
☐ No (0)

If yes, Are you aware of medication assistance programs (ex. Trillium drug benefit)

☐ Yes (1)
☐ No (0)

Medication(s):

Medication Name	Dose	Frequency

Other (please list):

Medication Allergies:

Addiction Issues :	**Score**

Do you drink?

☐ Yes (1)
☐ No (0)

On average how many drinks per week would you say you drink? (each drink counts as 1)

☐ 1-3 (1)
☐ 4-6 (2)
☐ 7 or more (3)

Do you currently use or misuse prescribed, non-prescribed or illegal drugs?

☐ Yes (1)
☐ No (0)

What drug are you known to use? _____

How often do you use per week?

☐ 1-3 (1)
☐ 4-6 (2)
☐ 7 or more (3

Legal Issues:	**Score**

In the past 12 months have you been arrested?

☐ Yes (1)
☐ No (0)

If yes, number of arrests: _____

Have you ever been charged or convicted of a criminal offense?

☐ Yes (1)
☐ No (0)

Type of charges/convictions: _____

Are you currently on probation or parole?

☐ Yes (1)
☐ No (0)

Probation/Parole officer's name: _____

In the past 12 months have you been incarcerated?

☐ Yes (1)
☐ No (0)

If yes, how many days did you spend in jail: _____

Food:	**Score**

What is your current primary source of food?

☐ Independent (0)
☐ Food Bank/ Soup kitchen (1)
☐ Donations (2)
☐ No access (3)

Do you have access to food on an ongoing basis?

☐ Yes (0)
☐ No (1)

Do you have enough food to get you through a 3 week period?

☐ Yes (0)
☐ No (1)

Do you utilize the local food bank or soup kitchens?

☐ Yes (1)
☐ No (2)

If no, Do you know how to utilize the soup kitchen?

☐ Yes
☐ No

Emergency Service Usage:

Score

In the past 12 months how many times have you attended the Emergency Department?

☐ 1-2 (1)
☐ 3-5 (2)
☐ 6 or more (3)

Hospitalization Information: (2 most recent admissions)

Where:	Dates:	Diagnosis on Admission:
1.		
2.		

Approximate total of Psychiatric Admission: _____ **admissions**

Where:

Contacts with Crisis Nurse: ☐ frequent ☐ occasional ☐ rarely ☐ none
Explain:

Date Intake Completed:
Completed by: