



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 Care Coordination Lead- Mel Penman)

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 _____ Preferred Pronouns _____

D.O.B. ___/___/___ DD MM YYYY

Current Housing Situation: Permanent Homeless Other

Address (or mailing address) _____

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

Consent to leave voicemail

Email address _____

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. Other

Native Language _____ Preferred Language _____

Cultural Background _____

Highest Education Level _____

Referral Source _____

Contact Name _____ Contact# _____

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

Please highlight your history, needs or goals associated with each box. With each box associated with care team (Family Physician, Psychiatry, Pharmacy and community health team) please indicate name and phone numbers.

Physical Health Concerns	
Mental Health Concerns	
Medications	
Medication or food allergies	
Substance Use	
Housing Concerns	
Health Care Team	
Family DR/ Nurse Practitioner	
Psychiatrist	
Pharmacy	
Community Health Workers	
Previous Community Health Workers	
Natural Support (family, friends, neighbor, or extended family)	

Have you ever participated in a Coordinated Care Plan?
 If yes, When? _____

Yes

No

Who was the lead? _____

**** Please note, that this portion will not affect your ability to receive services. This page of information may help us better direct your application around what services and supports may be beneficial**

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) _____

What are your Goals/ Needs around Programs & Services?

Emergency Contact _____ Phone # _____

Address _____

Under what circumstances can we contact? _____

Next of Kin _____ Phone# _____

Address _____

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 around clients goals
- Coordinated care planning
- Teaching and support of daily living skills
- Crisis prevention and intervention
- Network building and the coordination of care teams
- Substance use 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 – twice a month 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
- Chinese Medicine doctor – 1 day per month on Wednesdays
- Chiroprapist – twice monthly on Fridays (Service currently on hold)
- Acu-detox and meditation group on Wednesdays
- Chair yoga on Wednesdays
- Chair exercise on Fridays