

Service Resolution Intake Form

Name: _____

Date: _____

Address: _____

Postal Code: _____

Phone: _____

Alt. Phone: _____

DOB: _____

Referred by: _____

Current Situation:

Current Needs (describe current situation that is resulting in referral)

Housing

Are you (please check one): Homeless At risk for homelessness

Personal (choose all that apply):

Single Couple Sole Support Parent Disabled Youth (18-24)

Adult (25-39) Adult (40-64) Senior (65+) With Children No Children

Shared Custody Other (please specify) _____

If there are any children in the household, how many there are and what are their ages/gender

Income (choose all that apply):

OW ODSP OAS CPP Support/Child Support OSAP WSIB EI

EI Pending Employment OW Pending

Other (please specify) _____

Health Status (Detail hospitalizations, emergency room visits, doctors visits in the past 6 months and reason for contact with these services)

Medical/Psychiatric Diagnosis (are there existing diagnosis or concerns)

Physician/Psychiatrist (currently under care of physician or psychiatrist?)

Medications (report all prescribed and over the counter medications)

Current/Recent Supports *(a person may have had several contacts with numerous organizations that has resulted in a referral to Service resolution. It is important to identify all current/recent service contact in order to convene all resources that can reasonably be expected to respond to the situation)*

Organization _____

Worker _____

Date (approx) _____

Service Response (what happened)

Organization _____

Worker (if known) _____

Date (approx) _____

Service Response (what happened)

Organization _____

Worker (if known) _____

Date (approx) _____

Service Response (what happened)

Organization _____

Worker (if known) _____

Date (approx) _____

Service Response (what happened)

Other Supports (natural supports ie family, friends, community volunteers, faith community. Provide information about existence of these)
