



## MCEWAN HOUSING AND SUPPORT SERVICES

20 DUNDONALD STREET, TORONTO, ONTARIO M4Y2K1

TELEPHONE: 416-929-6228 • FAX: 416-506-1400

### Coordinated Application Form

Select all that apply:

- ☐ Positive Service Coordination (17 Partner Project<sup>1</sup>)
- ☐ Addictions Supportive Housing (A Partnership with FIFE House)
- ☐ Community Support Program
- ☐ Residential Support Program

Applicant Full 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 ☐ HIV ☐ Homelessness ☐ Physical Health Crisis

☐ Mental Health Challenges ☐ Substance Use Challenges ☐ Other \_\_\_\_\_

<sup>1</sup>McEwan Positive Service Coordination Partners: 2 Spirited People of the 1<sup>st</sup> Nations, Casey House, FIFE House, Fred Victor Centre, PASAN, LOFT Community Services, Seaton House Infirmary Program, Sherbourne Health Centre Infirmary Program, St Michael's Hospital HIV Psychiatric Unit, St Michael's Hospital Positive Care Clinic, The Maple Leaf health Clinic, The 519 Church Street Trans Program, Toronto HIV/AIDS Network, Toronto People with AIDS Foundation, Latinos Positivos, Action Positiv, Africans in Partnership Against AIDS & Toronto HIV/AIDS Network.

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

**Immediate Health Concerns** \_\_\_\_\_

**Health Conditions** (HIV/AIDS, Hepatitis, Diabetes, TB, Etc) \_\_\_\_\_

**Last TB testing** date: \_\_\_\_\_ **Results:** \_\_\_\_\_

**Family Dr's Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Specialist Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Spec. Area** \_\_\_\_\_

**Specialist Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Spec. Area** \_\_\_\_\_

**Medication Regimen (1. HAART, 2.Mental Health Meds, 3.Others.)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Drug / Food allergies** \_\_\_\_\_

**Pharmacy Name** \_\_\_\_\_ **Address/Phone** \_\_\_\_\_

**Mental Health Diagnosis** \_\_\_\_\_ , \_\_\_\_\_

**Age of Onset** \_\_\_\_\_ **Date of 1<sup>st</sup> 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** \_\_\_\_\_

**Legal Involvement:** ☐ Yes ☐ No. If "Yes" please comment \_\_\_\_\_

**Have you ever displayed the following behaviours?**

☐ 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 \_\_\_\_\_

In the last three months \_\_\_\_\_

2. Number of hospitalizations in the last year \_\_\_\_\_

total of inpatient days in the last year \_\_\_\_\_ In the last three months \_\_\_\_\_

3.a) Number of withdrawal management admissions in the last year \_\_\_\_\_

total number of days in the last year \_\_\_\_\_ In the last three months \_\_\_\_\_

3.b) Number of "Day Program" admissions in the last year \_\_\_\_\_

total number of days in the last year \_\_\_\_\_ In the last three months \_\_\_\_\_

4) Number of arrests in the last year \_\_\_\_\_

total number of days served in the last year \_\_\_\_\_ In the last three months \_\_\_\_\_

5) Do you owe money to a Social Housing Provider?

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Referral Source Printed Name

\_\_\_\_\_  
Referral Source Signature

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YYYY

**For McEwan Housing and Support Services Use Only**

Recommended to \_\_\_\_\_ Program  
Comment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Positive Service Coordination**  
**Client Treatment Consent to the Collection, Use and Disclosure of Personal Information**

\_\_\_\_\_ (agency name) participates in the Positive Service Coordination Project for Homeless People Living with HIV/AIDS. Some homeless people have HIV and mental health needs. Some have HIV and substance use issues. Most have poor access to care. They need better links to health and community services. That is the Project's goal. It aims for consistent and excellent care. There are 17 partner agencies in the Project. The partner agencies work together. They arrange the services. Places that provide the services are HIV/AIDS community agencies, health service programs, shelters, housing support services, and mental health programs. The agencies involved are:

- 2-Spirited People of the 1<sup>st</sup> Nations
- Casey House
- Fife House
- Fred Victor Centre
- McEwan Housing and Support Services
- Prisoners' HIV/AIDS Support Action Network (PASAN)
- Seaton House Shelter Infirmity Program
- AAPA (Africans In Partnership Against AIDS)
- Latinos Positivos
- Maple Leaf Health Clinic
- Action Positive
- Sherbourne Health Centre Infirmity Program
- St Michael's Hospital HIV/AIDS Psychiatry
- St Michael's Hospital Positive Care Clinic
- The 519 Church Street Community Centre-Meal Trans Program
- Toronto HIV/AIDS Network (THN)
- Toronto People with AIDS Foundation (PWA)

The Project may be for you. Your personal information is confidential. If you consent, we collect your information. We give it to agencies. They can see your information. This helps organize services. Only if you agree: we call this a privacy policy. You decide the partner agencies for your care. You control this agreement. To meet your needs, the consent permits staff to:

- Arrange services, knit them together.
- See if the agency is right for you. (from your application form and possible meetings).
- Assess your needs. This assessment is based on information you give. If you get service from an agency, they give information for the assessment. It includes written information from diagnostic, hospital or agency reports.
- Develop service plans.
- Develop end-of-service plans; arrange discharge from a service.
- Refer to other agency services in the partnership.
- Refer to services outside the partnership.
- Contact you directly or leave messages. Contact you through persons/agencies listed on your application form. (Please do not enter a name you do not want contacted).
- Provide information for program development, research and evaluation. Please note that this information is coded. It does not contain your name. Your identity is hidden.

"I understand this consent form. The policy is clear. I asked questions. I got answers I needed. There was an open discussion. I agree with the consent policy. My agreement applies while I receive help from the Project. If service ends, my consent no longer holds. If I no longer wish services, I understand this consent ends. This consent expires one year from the date of signing."

Please see attached Consent Index Form

Client name: \_\_\_\_\_ Client signature: \_\_\_\_\_

Date (M/D/Y): \_\_\_\_\_