

TRANSITION HOUSE

162 Madison Avenue,
Toronto, ON M5R 2S6

Phone: (416) 925-4531
Fax: (416) 925-5304

web site: www.thousetoronto.org
e-mail: info@thousetoronto.org

Intake Form

DATE:

To complete an on-line application, please visit:
<http://www.thousetoronto.org/Temporary/>

CLIENT INFORMATION:

Client Name:

Date of Birth:

Age:

O.H.I.P. #:

AGENCY INFORMATION:

Primary Worker:

Agency:

Address:

Phone #:

Fax #:

e-Mail:

ADDITIONAL INFORMATION (to be completed with the client's participation):

Client Day Plan (Clients need to be out of the agency between 9 and 4 daily, what activities will he be doing during this time?):

Treatment Plan (Please be as specific as possible. Include the following: meetings with worker, recovery meetings, aftercare/relapse prevention, healing circles, reconnecting with family, etc):

Is Client Ready for Employment?

Education (going back to school?)Volunteer Work/Exercise etc.)?

Housing Goals – (or other accommodation after Transition House)

Health Concerns - Please describe any significant health concerns and the date/result of last T.B. test.

Mental Health Concerns – (diagnosis, treatment, medications, suicidal ideation/gesture and hospitalization)

Legal Involvement - Including history of violence, outstanding charges, probation/parole and incarceration

What is the nature of your addiction? (How would we know if you had gambled or used drugs/alcohol?)

How would we know if you were at risk of using?

Transition House is unable to provide TTC tickets. – (How will you get to appointments?)

Can you provide us with any other information that will help us to assist you in completing your goal plan?

Comments:

Please FAX these forms to: (416) 925-5304

Or complete an on-line application at: <http://www.thousetoronto.org/Temporary/>