

# TRANSITION HOUSE

162 Madison Avenue,  
Toronto, ON M5R 2S6

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

Website: [www.thousetoronto.org](http://www.thousetoronto.org)  
Email: [info@thousetoronto.org](mailto:info@thousetoronto.org)

## Intake Form

**DATE:** \_\_\_\_\_

### CLIENT INFORMATION:

**Client Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Age:** \_\_\_\_\_  
**O.H.I.P. #:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Emergency Contact #:** \_\_\_\_\_

### AGENCY INFORMATION:

**Primary Worker:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Fax #:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

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

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

**Client Day Plan** (clients must 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.):

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**Is client ready for employment?**

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**Education** (going back to school, volunteer work, exercise, etc.):

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**Housing Goals** (or other accommodation after Transition House):

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**Health Concerns** (please describe any significant health concerns, and the date/result of last T.B. test):

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

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**Legal Involvement** (including history of violence, outstanding charges, probation/parole and incarceration):

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**Substance use history** (what substances? How would we know if you had gambled or used drugs/alcohol?):

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

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**Transition House is unable to provide TTC tickets. How will you get to appointments?**

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**Can you provide any additional information that will help us assist you in completing your goal plan?**

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**Comments:**

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Please FAX forms to: (416) 925-5304