MADISON COMMUNITY SERVICES

Madison Community Services Intake and Referral Form

PROGRAM REFERRAL			
	RISE	Other_____	

BASIC INFORMATION					
First Name		Last Name			
Alias	Nickname or preferred name	MCS ID#	For office use only		
D.O.B	MM/DD/YYYY	IMM#	Immigration number		
Street, Unit		Health card		Version	
City		Main Phone	XXX-XXX-XXXX		
Postal Code		Email			

EMERGENCY CONTACT			
Emergency Contact Name		Emergency Contact Number	XXX-XXX-XXXX
		Relationship to Client	

DEMOGRAPHIC INFORMATION (check the one that applies for each section)							
Gender		Female		Self-described	Marital Status	Married	Domestic Partner (common-law)
		Male				Divorced	Separated Domestic Partner
		Unknown				Separated	Widowed
		Declined				Single	Widowed Domestic Partner
Native Language							
Preferred Language					Citizenship/ Immigration Status	Canadian Citizen	Refugee Claimant
Do You Speak English?		Yes	No	Some		Convention Refugee	No Status
Interpreter needed?		Yes	No			Landed Immigrant	None Selected
LINC Level	1	2	3	4	5	6	7	8		Live-in Caregiver	
Country of Origin										Permanent Resident	Other:
Arrival to Canada	MM//YYYY									Protected Person	

HEALTH INFORMATION						
	Issue		Diagnosed			
Physical Health			Yes		No	
			Yes		No	
			Yes		No	
Mental Health			Yes		No	
			Yes		No	
			Yes		No	
Doctor Name:		Doctor Phone:	XXX-XXX-XXXX			

Immigration, Refugees and Citizenship Canada | Immigration, Réfugiés et Citoyenneté Canada
Ontario ONGOV
TORONTO
United Way Greater Toronto

MADISON COMMUNITY SERVICES

REFERRAL SOURCE							
	Self		**Individual**		**Internal (Madison)**		**Other Organization** (if yes, complete below)

Name of Organization	
Name of Referral Source	
Phone Number	XXX-XXX-XXXX

BASELINE INFORMATION (check the one that applies for each section)

Level of Education	☐ Non-Selected	☐ University	☐ Unknown	
	☐ Elementary/ Junior High School	☐ Vocational/ Training Center	☐ Other:	
	☐ Secondary School	☐ Adult Education		
	☐ Community College	☐ Trade School		
Legal Status	☐ Awaiting Sentencing	☐ Fitness Assessment	☐ On Probation	
	☐ Awaiting Trial/Bail	☐ Incarcerated	☐ Pre-Charge Diversion	
	☐ Court Diversion Program	☐ No Criminal Legal Problems	☐ Pre-Charge Diversion	
	☐ Conditional Discharge	☐ Non-Selected	☐ Unknown	
	☐ Criminal Responsibility (Assess)	☐ On Parole	☐ Other Criminal /Legal Problems	
Residence Type	☐ Apartment -Private	☐ Long-Term Care Facility	☐ Retirement Home/Senior's Residence	
	☐ Apartment - Subsidized	☐ Municipal Non Profit Housing	☐ Rooming/Boarding House	
	☐ Approved Homes/Special Care	☐ Non-Selected	☐ Supportive Housing – Assisted Living	
	☐ Correctional/ Probational Facility	☐ Private House/Condo (Service Recipient)	☐ Supportive Housing – Congregate Living	
	☐ Domiciliary	☐ Private House/Condo (others)	☐ Unknown	
	☐ General Hospital	☐ Private Non-Profit Housing	☐ Other Specialty Hospital	
	☐ Hostel/Shelter	☐ Psychiatric Hospital	☐ Other:	
Living Arrangement	☐ Children	☐ Relatives	☐ Non-Selected	
	☐ Non-Relatives	☐ Self	☐ Unknown	
	☐ Parents	☐ Spouse/Partner	☐ Other	
Support Type	☐ Assisted/Supported	☐ Independent	☐ Supervised Facility	
	☐ Supervised Non-Facility	☐ Unknown	☐ Non-Selected	
Source of Income	☐ Disability Assistance	☐ No Source of Income	☐ Refugee Assistance Program	
	☐ Employment	☐ None-Selected	☐ Social Assistance (e.g. OW)	
	☐ Employment Insurance	☐ ODSP	☐ Unknown	
	☐ Family	☐ Pension	☐ Other:	

History	Approx. Age of 1st Hospitalization (Psychiatric)		Approx. Age of Onset of Mental Illness	
	Average # of Hospitalizations/year (Psychiatric)		Average # Days of Hospitalization/year (Psychiatric)	
	Average # of Hospitalizations/year (Other)		Average # Days of Hospitalization/year (Other)	

MAIN PRESENTING NEED (check all that apply)

Main Need (Unmet Need)	☐ Accomm/Housing	☐ Safety to Self	☐ Other Dependents	☐ Sleep
	☐ Food	☐ Safety to Others	☐ Basic Education	☐ Medication
	☐ Home/Living Skills	☐ Alcohol	☐ Telephone	☐ Education/Training
	☐ Self-care	☐ Drugs	☐ Transportation	☐ Immigration
	☐ Day Activities/Recreation	☐ Other Addictions	☐ Money/Income	☐ Canadian Culture
	☐ Physical Health	☐ Company/Social	☐ Benefits	☐ Canadian Systems
	☐ Psychotic Symptoms	☐ Intimate Relationships	☐ Family	☐ Language
	☐ Info on Condition/Treat	☐ Sexual Expressions	☐ Employment	☐ Traditions
	☐ Psychological Distress	☐ Child Care	☐ Legal	☐ Other:

SIGNATURE

Madison Staff Name (Print)		**Client Name (Print)**	
Date	MM/DD/YYYY	**Date**	MM/DD/YYYY
Signature		**Signature**	

Immigration, Refugees and Citizenship Canada | Immigration, Réfugiés et Citoyenneté Canada
Ontario ONGOV
TORONTO
United Way Greater Toronto