



RAPID RESPONSE OUTREACH SERVICES REQUEST FOR SERVICES FORM

The following can be completed by the individual requesting services, family and/or referring agency and returned to:
221 Wilson Street, Thunder Bay, ON P7B 1M7

PERSONAL INFORMATION	
Name of Person Being Referred:	Date of Birth:
Address:	Preferred Language:
Postal Code:	Phone #:
Alternate Contact:	Phone #:
Health Card #:	
PSYCHIATRIC HISTORY: HAVE YOU BEEN DIAGNOSED WITH A MENTAL ILLNESS? IF YES:	
Primary Diagnosis:	Year diagnosed:
Secondary Diagnosis (if applicable):	Year diagnosed:
ADDICTIONS: DO YOU HAVE ANY ADDICTIONS ISSUES? PLEASE DESCRIBE:	
HOUSING NEEDS: ARE YOU HOMELESS OR AT RISK OF LOSING YOUR HOUSING? PLEASE DESCRIBE:	
Are you currently involved with the legal system? If yes, please describe:	
Are you currently receiving service from another agency for mental health or addictions problems? If yes, please provide names of agency:	
TYPE OF SUPPORT REQUESTED (select all required):	
<input type="checkbox"/> Accessing employment or education, structuring daily activities <input type="checkbox"/> Assistance with self-care (i.e. nutrition, medication, hygiene, clothing maintenance) <input type="checkbox"/> Assistance with daily living skills (i.e. managing finances, preparing meals, housekeeping, appointment keeping) <input type="checkbox"/> Education around diagnosis, symptom management <input type="checkbox"/> Developing formal and informal support networks <input type="checkbox"/> Accessing decent, affordable housing <input type="checkbox"/> Assistance with community involvement/participation (i.e. using public transit, accessing rehabilitation services/ social recreational programs) <input type="checkbox"/> Support, problem solving, advocacy <input type="checkbox"/> Aboriginal programming	
<input type="checkbox"/> Other (specify):	
AUTHORIZATION	
The applicant is aware and has given consent to submitting this document.	
I, _____, wish to be considered for services provided by Alpha Court. (Print Name)	
Signed	Date
IF AN INDIVIDUAL/AGENCY HAS ASSISTED THE APPLICANT WITH THIS DOCUMENT, PLEASE COMPLETE BELOW:	
Name (Please Print)	Relationship to Individual:
Agency	Date

Pursuant to the *Federal/Provincial/Municipal Freedom of Information and Protection of Privacy Act*, I give my consent and authorization to ALPHA COURT NON-PROFIT HOUSING CORPORATION. For any issues with regard to privacy, please contact, Executive Director of Alpha Court Non-Profit Housing Corporation.