

**ALPHA COURT 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 Fax: (807) 683-8225

PERSONAL INFORMATION:

Name: _____
Address: _____
Postal Code: _____
Phone Number: _____

Date of Birth: _____
Health Card Number: _____
Alternate Contact: _____
Alternate Contact Phone Number: _____

PSYCHIATRIC HISTORY: Have you been admitted to Adult Mental Health in the past year? Yes No

Primary Diagnosis: _____

ADDICTIONS (please describe): _____

CURRENT HOUSING SITUATION: _____

Are you currently involved with the legal system? If yes, please describe: _____

Are you currently receiving service from another agency for mental health/addictions? If yes, please provide names of agency. _____

REASON FOR REFERRAL: _____

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)

Signature

Date

IF AN INDIVIDUAL HAS **ASSISTED THE APPLICANT** WITH THIS DOCUMENT PLEASE COMPLETE BELOW:

Name (Please print)

Relationship to Individual

Agency

Date