**ALPHA COURT** **RAPID RESPONSE SYSTEM NAVIGATION**

**REQUEST FOR SERVICES FORM**

**Program Description**

For individuals 16 years of age and over who need immediate, short-term support due to issues related to mental health and/or problematic substance use. These issues may include acute mental health (suicidal ideation/attempts), homelessness, severe addictions, recent hospital admissions into Adult Mental Health, and discharge from a corrections facility or conflict with the law. Rapid response workers can assist through providing direct support and connecting people to other resources in a timely manner.

We recognize that referents are trying to access resources and services for their clients or loved ones, however, this program is not intended for people who are not in crisis or do not have imminent need. The program is also not intended to expedite access to our other case management programs.

This service is time-limited (**0 – 6 months**). If an individual requires further services beyond 6 months, a referral will be made to the appropriate service.

Within this program, we offer:

* Short-term case management services
* Assistance in accessing mental health and/or psychiatric services.
* Assistance in accessing drug and alcohol treatment
* The staff will utilize a range of intervention strategies from a harm reduction approach to an abstinence-based model in efforts to assist in addressing substance use addiction.
* Help to integrate into the community, advocating with informal and formal community resources. Referrals to community agencies, where appropriate.
* Assistance in accessing income support, ie. Ontario Works, O.D.S.P.
* Assistance in obtaining and maintaining housing in the community.

Exclusionary criteria:

* Under the age of 16
* Involved in a similar program
* Unwilling to participate
* Repetitive history of violent or abusive behavior

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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: Date of Birth:

Address: Health Card Number:

Postal Code: Alternate Contact:

Phone Number: 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 services from another agency? 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

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