

Please send your form by fax to 514-366-5008

Reference Form
Support service
for autonomous housing integration

Name: _____ **First name:** _____ **DOB:** ___/___/___

Address: _____ **Apt.:** _____ **Since:** _____

Phone: _____ **Foster home:** _____

Resource orker: _____

Client worker: _____

Psychiatrist: _____

Client diagnosis: _____

Has the client lived on his own previously?

Yes When: _____ For how long: _____

No

Specific difficulties: _____

- Prefers living alone*
 Prefers sharing an apartment

Situation wished for by the client: _____

Present level of autonomy (according to your knowledge):

SKILLS	SATISFACTORY	TO BE DEVELOPED
- Budget (Pay the rent, bills etc.)	<input type="checkbox"/>	<input type="checkbox"/>
- Nutrition (Eat regularly and adequately)	<input type="checkbox"/>	<input type="checkbox"/>
- Personnel hygiene	<input type="checkbox"/>	<input type="checkbox"/>
- Maintenance of the living environment	<input type="checkbox"/>	<input type="checkbox"/>
- Capacity to find help if needed	<input type="checkbox"/>	<input type="checkbox"/>
- Managing specific needs (medical appointments, medication, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Brief client history:

Specific skills:

Specific difficulties:

Factors which may contribute to a successful outcome:

Factors which may hinder a successful outcome:

Previous history of impulsive behaviour or acts of violence which may hinder a successful outcome:

Other relevant information:

Estimated time limit to achieve residential autonomy with support:

- 6 months 1 year 1½ year 2 years

Client's agreement : I Authorize the communication of all information relevant to this request to Projet Suivi Communautaire. Signature : _____

The Care giver is informed of this reference and agrees to collaborate with the community worker
Signature: _____

With the happening of the acceptance of this reference, you will be brought to collaborate with the community worker.

Referent : _____ **Institution:** _____

Tel: _____

Signature: _____ **Date:** ____/____/____