



Canadian Mental  
Health Association  
Toronto

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## Family Outreach & Response Program Application for Service

**Family Outreach and Response (FOR) Program** at CMHA Toronto provides recovery-oriented support to people who care about someone experiencing a mental health issue.

Who are FOR Services for?

- Family and friends who have a loved one aged 16 and over experiencing a mental health issue
- Services are available to families living in the City of Toronto

What we offer:

- 1:1 support with a family worker
- Family groups & workshops
- All services are offered at either our Dundas West & Bloor office or Markham Road & Ellesmere office
- *Due to COVID all supports are delivered over the phone or virtually at this time*

To apply for service please forward the referral to  
Maria Kalogridis, Intake Coordinator  
Fax: 416-789-9079  
[mkalogridis@cmhato.org](mailto:mkalogridis@cmhato.org)

## **Applicant Information**

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Name:

Date of Birth:

Gender:

Phone Number:

Address:

Postal Code:

Language(s) Spoken:

Preferred Language:

- 1) Who are you supporting?
  
- 2) What age is your loved one?
  
- 3) At approximately what age did your loved one begin struggling with their mental health?
  
- 4) Has your loved one received a mental health diagnosis? If no, please describe the current mental health/substance use concern(s).

5) What type of support are you looking for from our service? Please check all that apply and list any additional supports below

- Education/information on mental health & recovery
- Understanding and navigating the mental health system
- Skills for supporting your loved one
- Emotional support
- Connecting with other families

6) Are you interested in:

- Group support
- 1:1 support with a family worker
- Both

### **Referral Source Information**

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Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

### **Referrer's Declaration**

If a person other than the applicant is completing the application and making the referral, the referrer must complete the declaration below. Applications will only be accepted with the consent of the applicant.

- I have discussed this application with the applicant, explained the role of FOR and whenever possible, have completed the application together with the applicant
- I have obtained the applicants knowledge and voluntary consent to make this referral and to the collection, use and disclosure of PHI as set out in this application