



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

Applicant Information

Full 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) Is your loved one currently receiving mental health support services? This may include (but is not limited to) family doctor, psychiatrist, counsellor, case manager, outpatient/inpatient hospital.

Yes
No
Not sure

- 6) Has your loved one visited an Emergency Department for their mental health in the past year:

Yes
No
Not sure

If you answered yes, approximately how many visits in the past year?

- 7) Does your loved one experience any of the following (check all that apply):

Self-harm
Suicide attempt in the past year
Substance use
Diagnosis of Borderline Personality Disorder
Intense anger

- 8) What type of support are **you** looking for from our service? Please check all that apply

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

- 9) Are you interested in:

Group support
1:1 support with a family worker
Both

**Referring providers - please complete declaration on next page*

Referral Source Information

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