

Intensive Case Management Team, 5339 – 207 St, Langley, BC, V3A 2E6
 Phone: 604-546-9044 Cell 604-209-0023 Fax 604-514-1419

Referral Form

Date of Referral: (MM/DD/YYYY) _____
 Person Referring: _____ Telephone Number: _____
 Email Address: _____
 Referring Organization: _____ Best Way to Contact: _____
 Any Immediate Needs for Client: _____

1. Basic Client Information

Is Client aware of the Referral? (Circle) Yes No
 Is the Client 19 years of age or older? (Circle) Yes No
 Has the Client given you permission to share their information with us? (Circle) Yes No
 Client First Name: _____ Client Last Name: _____
 Phone Number: _____ Phone Other: _____
 Email: _____ Best Way to Contact: _____
 Date of Birth: (MM/DD/YYYY) _____
 Gender: (Circle) Male Female Intersex Transgender

2. Substance Use History:

Is the Client Currently an Active User: (Circle) Yes No
 Which substance(s) and Frequency: _____ S
 Substance Frequency

3. Housing Information:

Current Housing Status: (Circle)
 Homeless At Risk Of Housing Loss Temporarily Housed Housed With Family
 Incarcerated
 How long without Housing: (Circle)
 Less than 1 Month 1-3 Months 3-6 Months More than 6 Months More than 1 year

- Please fill and fax this referral to 604-514-1419.
- Referral sources can expect to be contacted within 3 days of receipt of referral.
- Clients will be screened in/out of service and referral source will be contacted with update within 7 days of referral.
- For information on how to fill out this form or any other questions please contact the ICMT at 604-546-9044

Admissions Criteria

Not all Clientele referred will meet specific criteria for ICMT services. As a part of a continuum of care, the ICMT service is intended to reach both those individuals that: a) have high needs for care, but may be infrequent users of services; and b) have a high need for services and frequent service use, but don't meet the criteria for more intensive services (i.e. ACT, Inpatient Services). Some individuals may be experiencing homelessness, substance use and/or mental health problems, but are demonstrating the ability to access or integrate into other community services independently or with less intensive support.

1. Individual must meet Core Criteria

- At least 19 years of age
- Voluntarily agree to service
- Reside, or consider themselves to primarily access services in Langley.

AND

2. Individual has *problematic to chronic dependent substance use* (with or without mental illness) that seriously interferes with their ability to live in the community AND may include one of the following:

- Is Chronically Homeless (homeless for 6 months or more in past year, OR
- Is Episodically Homeless (experienced homelessness 3 or more times in the past year); OR
- Has recently been released from incarceration or hospital into unstable housing (within past 6 months);

ADDITIONALLY

Individual has significant functional impairments that interfere with integration in the community and needs significant assistance that may include, but are not limited to;

- Navigate and self-manage necessary services;
- Maintain personal hygiene
- Meet nutritional needs
- Care for personal affairs (business, appointments etc.)
- Obtain or maintain medical, legal and housing services
- Recognize and avoid common dangers to personal health
- Perform daily living tasks such as cooking, laundry, childcare...
- Obtain or maintain employment at a self sustaining level
- Maintaining a safe living situation without threat of eviction
- Obtaining, taking and complies with directions of prescribed medications
- Following a crisis or safety plan
- Maintaining community integration
- Keeping appointments with needed services which have resulted in the exhibition of two or more of the following within the past 12 months
 - Hospitalization
 - Incarceration
 - Homelessness or other Crisis Services (Emergency, Ambulatory, Fire)

Individual is;

- Frequently seen in emergency room (3 or more times within past 12 months) for behavioral needs; OR
- Transitioning or have been recently discharged from Intensive Community Services such as ACT;
- Is transitioning or recently discharged from a psychiatric inpatient setting; OR
- Is frequently admitted to a psychiatric inpatient facility (3 or more times in previous year) for behavioral needs;



Stepping Stone
Community Services Society