

## COMMUNITY HOMES FOR OPPORTUNITY (CHO) INTAKE ASSESSMENT

Client Name:

Reason for the referral:

Preference for Location: *(please select the location or locations where you would be willing to live)*

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> LONDON   | <input type="checkbox"/> STRATHROY (rural)   |
| <input type="checkbox"/> EXETER   | <input type="checkbox"/> STRATHROY (in town) |
| <input type="checkbox"/> PARKHILL |  |

Demographics:

Community Support Identified along with contact information ( i.e. ACTT, PI, Family, PGT, ODSP, GP, CDP):

Current and past living situation (i.e. have you lived in-group home setting in the past):

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Activities of Daily Living (ADL'S - (shopping, meal prep, med compliance, laundry, financial):

Physical Health: (Concerns)

Mental Health (Dx/Sx/SI/HI/SH/Hx of suicide attempts, triggers, aggression, damage to property):

Substance Use (current and Hx):



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Legal Concerns/Involvement:

Community Involvement:

Goals:

Spirituality of importance:

SNAP

Strengths/Abilities:

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Needs/Preferences:

Impressions:

Completed By:

Referral Source Email:  
(\* Required for upcoming  
bed notification)

**Other Information we gather prior to scheduling tours include:**

Social Work Assessment

OT Assessment

Nursing Assessment

Risk Assessment

Crisis Plan (if available)

Current living situation (i.e. in a lease and needing to give 60 days' notice, etc.):

**Information needed prior to move in:**

List of current medications and pharmacy information if not previously noted

Emergency Contact Information

3 months' bank statements



Canadian Mental  
Health Association  
Middlesex  
*Mental health for all*

## COMMUNITY HOMES FOR OPPORTUNITY (CHO) INTAKE ASSESSMENT

Notice of Assessment from last year's Income tax

Copies of ID

Transition Plan and Upcoming Appointment Schedule