



Canadian Mental
Health Association
Thames Valley
Addiction and Mental Health Services

COMMUNITY HOMES FOR OPPORTUNITY (CHO) INTAKE ASSESSMENT

Client Name: _____ Date: _____

Reason for the referral: _____

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

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

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):

Activities of Daily Living (ADLs: shopping, meal prep, med compliance, laundry, financial) :



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Physical Health: (Concerns)

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

Substance Use (current and Hx):

Legal Concerns/Involvement:

Community Involvement:

Goals:



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Spirituality of importance:

SNAP

Strengths/Abilities:

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.):



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Information needed prior to move in:

List of current medications and pharmacy information if not previously noted

Emergency Contact Information

3 months' bank statements

Notice of Assessment from last year's Income tax

Copies of ID

Transition Plan and Upcoming Appointment Schedule