TORONTO

Referral Form for Shelter, Support and Housing Administration's COVID-19 Recovery and Isolation Program for People Experiencing Homelessness
Fax to SSHA: 416-696-3463 with COVID-19 results and documents. Please fax one referral at a time. Incomplete referrals will not be processed. Please call SSHA at 437-347-9976 if you do not hear back in 30 minutes after submitting referral.

Client Demographics
Client Name: Gender: DOB:
OHIP/IFH #: SMIS ID:
Shelter Address:
Phone Number:
Indigenous: Yes / No / Unknown Preferred Language:
Vaccination Status (date of dose): 1st dose: 2nd dose:
3rd dose: Additional doses:
COVID-19 Information
COVID-19 positive: Yes / No
Symptomatic with results pending: Yes / No
Suspected close contact with COVID+ individuals with pending or negative results: Yes/No Date of last contact: nature of contact:
Date of swab: Location tested:
Date of symptom onset:
Symptoms and course:
If from Hospital or CAC:
Oxygen Saturation: Respiratory Rate: Heart Rate:
Blood Pressure: Temperature: O2 therapy required:
Walking O2 sat or 1 minute sit to stand test:
Medical Information (include attachment to provide additional information if necessary)
Medical problems: Yes / No If yes, provide details:

List of medications:
Client self-administered: Yes/No If no, what nursing supports are in place:
Family Physician/Medical Practitioner:
Home Pharmacy: Days of supply of meds client has:
Substances
Does the client use substances regularly: Yes / No / Unknown If yes, which substances (please circle): Cigarettes Alcohol Cannabis Stimulants Opioids If yes to opioids, receiving treatment: Yes / No select treatment: Methadone Suboxone Kadian
Supports
Does the client have a case worker or mental health worker that they would benefit from connecting with during their stay? Yes / No If yes, please include name and contact number:
Does the client need help with (select all that apply): Feeding Toileting/showering Mobility aid Thoughts of self-harm or suicide Aggressive behavior PSW
Are there any emotional or behavioural needs that would impact the person's ability to isolate safely? Yes / No / Unknown If yes provide details: Does the client accept transfer to the Recovery and Isolation Program for the full isolation period? Yes / No
Referral Source:
Name: Organization: Phone Number:

IMPORTANT: Please send client with their clothes and any other personal items for 10 days in the event client is admitted to the Isolation program.

Shelter, Support and Housing Administration collects personal information on this form under the legal authority of the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, SO 2020, Chapter 19, section 2, the City of Toronto Act, 2006, SO 2006, Chapter 11, Schedule A, section 136(c), the Housing Services Act, 2011, SO 2011, Chapter 6, Schedule 1, section 6, and the Toronto Municipal Code, Chapter 59, Emergency Management. The information is used to record information related to the health, safety and well-being of staff, client and visitors to enhance safety in the Homelessness Service Settings. Information will only be shared with Toronto Public Health when requested. Questions about this collection can be directed to the Manager, Homelessness Initiatives & Prevention Services by calling 416-392-8741.