

Referral Form for Toronto Shelter and Support Services Isolation Program for People Experiencing Homelessness

- Fax to TSSS: 416-696-3463 with test results and documents.
- Please fax one referral at a time. Incomplete referrals will not be processed.
- Please call TSSS at 437-343-1965 if you do not hear back in 30 minutes after submitting referral.
- Please note: For any referral that requires support with activities of daily living (ADL) and/or medication management, please contact the Shift Leader at 437-347-9976 to discuss whether 2180 Isolation Program can provide the requested isolation support.

Client Demographics	
First Name:	Last Name:
Single Name:	
Gender (Optional/Prefer not to answer):	
Date of Birth (yyyy-mm-dd):	
Ontario Health Insurance Plan (OHIP)/Interim Federal Health (IFH) Number:	
Shelter Management Information System (SMIS) ID:	
Shelter Address (Street Number, Street Name, Postal Code):	
Telephone Number:	
Indigenous: Yes / No / Prefer not to answer	
Preferred Language:	

Infectious Illness Information
COVID-19 positive: Yes / No
Date of symptom onset (yyyy-mm-dd):
Symptoms and course:
Suspected/confirmed case of infectious illness (such as: Mpox, measles, TB, Shigella):
Tested positive for infectious illness: Yes / No
Symptomatic with results pending: Yes / No
Suspected close contact with individuals with pending or negative results: Yes/No Date/nature of contact:
Testing Date (yyyy-mm-dd): Location tested (Street Number, Street Name, Postal Code):
Symptom Onset Date (yyyy-mm-dd):
Symptoms and course:
Length of isolation required:

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If from Hospital or Community Health Centers:		
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 diagnoses: 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 Name: Home Pharmacy Location Street Number: Street Names: City/Town: Province: Postal code: Medication supply client has (in days):

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
Please outline why the client cannot isolate at the referring shelter, in line with site's outbreak management and in-situ isolation plan.
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:
By checking the below box, the referring agency is confirming that the client can manage their ADL's independently, including medication management. <input type="checkbox"/>
Are there any emotional or behavioural needs that would impact the person's ability to isolate safely? Yes / No / Unknown If yes provide details:
Please check the box to confirm that the client has provided consent to sharing their information with the TSSS Isolation Program. <input type="checkbox"/>



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Please check the box to confirm that the client has provided consent to share test results with Toronto Public Health and Inner City Health Associates to support their stay in the TSSS Isolation Program. <input style="float: right;" type="checkbox"/>
Please check the box to confirm that the client has provided consent to referral to the TSSS Isolation Program. <input style="float: right;" type="checkbox"/>

Referral Source:
Name (First, Last or Single):
Organization Name:
Business Telephone Number:

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

Toronto Shelter and Support Services collects personal information on this form under the legal authority of the City of Toronto Act, 2006, section 136(c); and the Item [2020.EC16.1](#), City Council Decision 8 as confirmed by the City of Toronto By-law [954-2020](#). The information will be used to improve the health, safety, and well-being of staff, clients, and visitors, enhance safety in homelessness services, and reduce the spread of infectious diseases within shelters. Questions about this collection can be directed to the Manager, Homelessness Initiatives and Prevention Services, 2180 Islington Avenue, Etobicoke, Ontario, M9P 3P1 or by telephone at 416-392-8741.