



Request Form for Service Restrictions Lasting 30 Days or Longer (at 24-hour Respite) or 90 Days or Longer (at Shelters)

Please complete the following form to request a service restriction of 90 days or longer for shelters or 30 days or longer for 24-hour respite sites. Ensure that the request is approved by a manager at your site. **Please only provide the information requested on this form and do not include any additional personal information (e.g., full name of client).**

Community-operated shelters or 24-hour respites: Submit the completed form via email to your Agency Review Officer.

City-operated shelters: Submit the completed form via email to hostels@toronto.ca.

Applicable Standards

[Toronto Shelter Standards 8.6.2](#): (n) Service restrictions lasting 90 days or longer may only be issued with the approval of TSSS by: (i) completing the SMIS Incident Report module describing the serious occurrence; (ii) submitting the *Request Form for Service Restrictions lasting 30 days or longer (at 24-Hour Respite) or 90 Days or longer (at shelters)* for review.

[Toronto Respite Standards 6.4.2](#): (m) Service restrictions lasting 30 days or longer may only be issued with the approval of TSSS by (i) completing the SMIS Incident Report module describing the serious occurrence; (ii) submitting the *Request Form for Service Restrictions lasting 30 days or longer (at 24-Hour Respite) or 90 Days or longer (at shelters)* for review.

Guidance for Completing the SMIS Incident Report Module

Service restrictions should only be issued as a last resort. When documenting an incident in the SMIS Incident Report module, it is important to provide a clear and comprehensive description of the situation that led to the service restriction. Providing thorough and factual information supports transparency, accountability, and consistency in the application of service restrictions.

Please ensure the following details are included when completing the SMIS Incident Report Module:

- What occurred? (Include specific actions, behaviours, or statements made)
- When did the incident take place?
- Where did the incident occur?
- Who else was involved? (Include staff, clients, or witnesses)

A. Site Information (Completed by Service Provider)

Site Name	
Program Name / Location	
Contact Name (First, Last)	Position Title
Work/Business Email	Work/Business Telephone Number
Date of Form Completion (yyyy-mm-dd)	

B. Service Restriction Request - Background Information (Completed by Service Provider)

SMIS Service Restriction ID	SMIS Client Number
SMIS Incident Report ID	Date of Incident (yyyy-mm-dd)
What date was the service restriction entered in SMIS?	Number of days requested for service restriction

C. Service Restriction Request – Justification (Completed by Service Provider)

<p>Select the reason(s) for service restriction request:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Assault of client, residents, volunteers or staff <input type="checkbox"/> Behaviours that compromise the health and safety of residents, volunteers, or staff <input type="checkbox"/> Disruptive behaviour <input type="checkbox"/> Not following case plan / not participating in case planning <input type="checkbox"/> Possession of illegal substances or contraband within the shelter <input type="checkbox"/> Trafficking in illegal drugs <input type="checkbox"/> Possession of firearms within the shelter <input type="checkbox"/> Wielding weapons or dangerous objects <input type="checkbox"/> Property damage <input type="checkbox"/> Repeated rule violations <input type="checkbox"/> Theft <input type="checkbox"/> Violent or threatening behaviour <input type="checkbox"/> Other (please explain below):
<p>What rule(s) or policy was violated?</p> <p>When was the applicable rule(s) or policy first communicated to the client?</p>	
<p>Was Workplace Violence involved?</p>	
<p>If Workplace Violence was involved, please select from one of the scenarios that best describes the event.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker.

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	<input type="checkbox"/> The exercise of physical force by a person against another person, in a workplace, that causes or could cause physical injury to the worker. <input type="checkbox"/> An attempt to exercise physical force against a worker that could cause physical injury to the worker. <input type="checkbox"/> A statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.
<p>Was the client given one or more warnings?</p>	
<p>Prior to issuing the service restriction, what other methods were implemented to resolve the issue(s)? i.e., Were other supports made available to the client? Were de-escalation techniques used?</p>	
<p>How long was the client at the site?</p>	
<p>Has this client had similar incidents/service restrictions at this location or your other sites (for agencies with multiple locations)? If yes, please explain.</p>	
<p>Is this client aware of reasons for discharge and length of service restriction?</p>	
<p>Was this client issued a service restriction notification letter?</p>	
<p>What supports/referrals were provided to the client upon discharge?</p>	
<p>Please provide any additional information to support your request. Do not include any personal or identifying information.</p>	

TSSS Office Use Only (Sections D and E)

D. Review of Service Restriction Request

Date of Receiving Request (yyyy-mm-dd)
Is the Incident Report complete in SMIS (Incident Report Module)?
Has the client been active in another program since the service restriction?
Please provide any additional information to consider for this service restriction request:

E. Follow-up to the Agency/Site

SMIS Service Restriction ID	Client SMIS ID
TSSS Decision/Recommendation	
Rationale for Decision	
Are there any recommendations for agency/site practices regarding service restrictions or discharges (e.g., service restriction policy)?	
Are there any recommendations to the agency/site regarding staff training?	
Date Agency/Site Notified of Decision (yyyy-mm-dd)	