



## The Salvation Army Edmonton Centre of Hope Stabilization Housing Program Referral Form

ecoh.stabilization@salvationarmy.ca

Date received:	Reviewed by:	On waitlist?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Intake Date:	Bed #
<b>Personal Information</b>				
Name:		Date of Birth:		
Treatment/Housing Intake Date:		Estimated Discharge Date:		
Type of Funding: AB Works <input type="checkbox"/> AISH <input type="checkbox"/> <b>DIRECT</b> <b>Indirect</b> <b>Encampment referral</b> (see definitions)				
Other <input type="checkbox"/>		Funding File Number:		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/>				
Referral agent Contact number or Email:				
Alberta Health #:		Other Provincial Health Care #:		
Communicable disease: Yes <input type="checkbox"/> No <input type="checkbox"/> Type?				
Identifies as Aboriginal/First Nations, Inuit, Metis: Yes <input type="checkbox"/> No <input type="checkbox"/>		Where are you from?		
Status? Yes <input type="checkbox"/> No <input type="checkbox"/>		Status #:		
Primary Care Physician Name and Contact #: Have attended SHP previously Yes No				
Reason for Referral to the Stabilization Program:				
Goal(s) participant is hoping to achieve by accessing this program:				
Referral Agent Information:				
Name:				
Role/Title:				
This person has been assessed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Needs medical detox? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I will no longer support this person after intake to this program: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Health Concerns/Medications of Note/Medical Notes:				
<u>Medications * Please have participant prepared with paper prescriptions for at least 30 days of currently-prescribed medications.* *Please send any medications with participant in blister type packaging.</u>				
1 Name:	Reason:	How long have they been prescribed this?		
2 Name:	Reason:	How long have they been prescribed this?		
3 Name:	Reason:	How long have they been prescribed this?		
4 Name:	Reason:	How long have they been prescribed this?		
5 Name:	Reason:	How long have they been prescribed this?		
6 Name:	Reason:	How long have they been prescribed this?		
7 Name:	Reason:	How long have they been prescribed this?		
8 Name:	Reason:	How long have they been prescribed this?		
9 Name:	Reason:	How long have they been prescribed this?		
10 Name:	Reason:	How long have they been prescribed this?		
Prescription Coverage Type: AB Works <input type="checkbox"/> AISH <input type="checkbox"/> Employment <input type="checkbox"/> Self Pay <input type="checkbox"/>				
Mental Health Concerns/Diagnosis:				
Further knowledge that will support the staff in providing the best outcome for this Participant:				

**Direct encampment center line**  
**#780-975 2143 Email to**  
**ecoh.stabilization@salvationarmy.ca**  
**mark as high importance 24/7 intakes**

### Definitions :

Direct from encampment - directly left encampment through KARRIS center to Salvation Army  
In direct - came to your service from encampment leaving your service directly to Salvation Army .