



Dear Applicant,

Please find enclosed the Central Intake information and application package, as you have requested. The package will outline the various housing and support services that are provided by Supportive Housing In Peel (SHIP) and partnering agencies in Peel Region, Dufferin and the Etobicoke/York area of Toronto. Through the partnership, Central Intake provides intake services to: Supportive Housing In Peel (SHIP), Housing and Support Peel (HASP), Supportive Housing in Etobicoke/York (SHEY), Peace Ranch and Dual Diagnosis - SAIL. Please refer to the enclosed brochure for more detailed program information.

The housing and support services are intended for persons over 16 years of age with a serious mental illness who require ongoing, permanent assistance to live successfully in the community. Housing always includes support.

To qualify, applicants must sign the consent form, complete the application, and arrange for a psychiatric report. **Please note that Central Intake must receive reports within six months of your date of application in order to be considered for Supportive Housing. If you fail to submit all of your reports, your file will be closed.**

Applicants will be placed on a wait list according to needs and date of application. It is difficult to predict how long you can expect to wait because we do not know when there will be vacancies in the area in which you have selected.

In order to be considered for service, Central Intake first needs to determine your suitability through a comprehensive information package which must be provided to us. The following documentation is required from all of the previous and present specialized services that you may have received. Central Intake will not be able to process the application without the following information (when available):

<b>DOCUMENTS REQUIRED FOR REFERRAL -- When Available</b> (These may include 3 <sup>rd</sup> party consents)	<b>Available</b> (check if yes)
Initial diagnosis and any up-to-date diagnostic changes	<input type="checkbox"/>
Psychiatric assessment(s) and recommendations	<input type="checkbox"/>
Hospital Records related to psychiatric admissions, discharge and/or case management	<input type="checkbox"/>
Consultation reports or other Clinical Assessments	<input type="checkbox"/>
Behavioural assessment(s) and recommendations, including safety plan(s)	<input type="checkbox"/>
Occupational therapy assessments and recommendations	<input type="checkbox"/>
Educational assessments and recommendations	<input type="checkbox"/>
Other relevant case assessments, treatment plans and recommendations	<input type="checkbox"/>
Copies of signed Consent Forms (both parents in case of dual guardianship)	<input type="checkbox"/>

In order to keep your place on the wait list you must stay connected, and keep your application up to date. This means contacting Central Intake immediately if your information, housing situation changes, and/or if your housing preferences have changed. You will only get three offers of housing. As your name gets closer to the top of the wait list additional information and further proof of eligibility may be required.

Applicants have an opportunity to appeal decisions of ineligibility through an Internal Appeal Process. Please call Central Intake for more information.

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Supportive Housing In Peel

Central Intake

969 Derry Road East, Unit #107, Mississauga, Ontario L5T 2J7 Canada

T 905 795 8742 F 905 795 1129 E intake@shipshey.ca

[www.shipshey.ca](http://www.shipshey.ca)



SHIP

## Your Consent to Share Information

Central Intake is funded by the Ministry of Health and Long Term Care and administered by Supportive Housing In Peel. It provides access to the housing and support services of partnering agencies in the Region of Peel and Etobicoke/York. The partners, listed below, serve persons 16 and over with a serious mental illness (see the attached information sheet for admission requirements).

Brampton Caledon Community Living, Canadian Mental Health Association/Peel, Centre for Addiction & Mental Health (Dual Diagnosis Program), India Rainbow Community Services/ Peel, Kerry's Place Autism Services, Peace Ranch, Peel Addiction Assessment and Referral Centre, Reconnect Mental Health Services, Supportive Housing In Peel, and Trillium Health Centre.

It is the policy of Central Intake to fully respect your confidentiality. However, there are certain limits on our ability or obligation to maintain confidentiality:

1. In providing intake services: to determine eligibility (from your written application and face-to-face meetings); match your needs to appropriate support services; maintain a record; review your continuing interest and eligibility as you wait for housing; locate you through designated contacts when housing becomes available, ensure placement services and provide appeal, if desired.
2. In meeting legal requirements (e.g., if your file is subpoenaed or you are suspected of child abuse).
3. When your behaviour poses a threat of physical harm to yourself or someone else.

### To qualify for supportive housing, you must give Central Intake of Supportive Housing In Peel consent:

1. To receive or access psychiatric and hospital reports that give information on your diagnosis and past mental health hospitalizations. You must submit a signed, witnessed, and dated Consent Form to obtain reports from a doctor, psychiatrist or hospital.
2. To share information, including psychiatric, hospital or other external reports, on an as-needed basis within and between the partnering agencies for the purpose of intake and, possibly, appeal services.
3. To telephone you and leave voice mail at the locations you designate in the application form.
4. To further determine your telephone number, location or continuing interest in service through the contact of persons you designate. Please do not include the names of family, friends, or workers that you do not wish us to call.
5. To continue this agreement until the intake service is completed or you no longer want service.

*SHIP respects your privacy. The confidentiality of your personal health information is maintained through the consistent application of strict policies and procedures that are consistent with the requirements of current legislation. Your consent is required for your personal health information to be used for your care by SHIP staff or shared with anyone other than SHIP staff, where Ontario's privacy legislation allows. SHIP staff are available to explain our policy with regard to confidentiality.*

Your name (first/last): \_\_\_\_\_ Birth date (M/D/Y): \_\_\_\_\_

Your signature: \_\_\_\_\_ Date (M/D/Y): \_\_\_\_\_

Supportive Housing In Peel

969 Derry Road East, Unit #107, Mississauga, Ontario L5T 2J7 Canada  
T 905 795 8742 F 905 795 1129 E intake@shipshey.ca

[www.shipshey.ca](http://www.shipshey.ca)



**Application Form**  
**HASP, SHIP, SHEY, Justice, Peace Ranch**

Last Name	First Name	Date of Birth			Sex			Marital Status
		M	D	Y	F	M	Other	
Health Card Number	SIN	Canadian Citizen		Landed Immigrant		Refugee	Sponsored	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Address		Apt/Unit #	City			Postal Code		
Preferred Language:		<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Non-Aboriginal		
<b>Contact Telephone Number(s)</b>								
Home	( ) -	Business	( ) -	Ext:				
Family/Friend Home	( ) -	Business	( ) -	Ext:				
Psychiatrist	Dr.:	( ) -	Ext:					
Family Doctor	Dr.:	( ) -	Ext:					
Social Worker/ Case Manager		( ) -	Ext:					
Substitute Decision Maker		( ) -	Ext:					
<b>Referral Source (Check Off)</b>								
<input type="checkbox"/> Self	<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Hospital	<input type="checkbox"/> Doctor	<input type="checkbox"/> Case Manager	<input type="checkbox"/> Discharge Planner	<input type="checkbox"/> Crisis	<input type="checkbox"/> Psychiatrist	
<b>Name:</b>			<b>Organization:</b>			<b>Number:</b> ( ) -		
<p><b>Please have this portion completed by your PSYCHIATRIST or FAMILY DOCTOR who is actively managing your treatment for mental health</b> (If you are not under care of a Psychiatrist or family doctor but have been admitted to a hospital for treatment of your mental health illness, complete the attached Consent to Disclose form permitting Central Intake to obtain a psychiatric verification on your behalf.)</p>								
<b>Serious &amp; Persistent Mental Health Diagnosis:</b>			<b>Axis 1 -</b>					
<b>GAF -</b>			<b>Axis 2 -</b>					
<b>Dual Diagnosis</b> <i>(Intellectual disability &amp; mental illness)</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<b>Substance Use Issues</b> Circle one: use / misuse / abuse			<input type="checkbox"/> Alcohol	<input type="checkbox"/> Drugs	<input type="checkbox"/> Gambling	<input type="checkbox"/> Not Applicable		
<b>Suicide attempt in the past 2 years</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date of last attempt: _____			
<b>Self-Harm behaviour in the past 2 years</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date of last incident: _____			
<b>Issue with Aggression or Anger Management</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain: _____			
<b>Sexually inappropriate behaviour</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, date of last incident: _____			
<b>Recent Mental Health hospitalization</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many in past 2 years: _____			
<b>Where was the last Hospital Admission?</b>								
<b>Level of Case Management support required</b>			<input type="checkbox"/> Minimum	<input type="checkbox"/> Moderate	<input type="checkbox"/> High			
<b>Medication Compliant</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<b>Age of Onset of Mental Illness</b>			<b>Age of First Psychiatric Hospitalization</b>					
			( ) -					

Doctor's Stamp or Signature

Phone Number

Month

Day

Year

Have you previously LIVED in SHIP, HASP, SHEY or Peace Ranch housing?  Yes  No

Have you had any Criminal Offences in the past one (1) Year  Yes  No

If YES, complete below:

**PRESENT STATUS WITH THE JUSTICE SYSTEM**

- |   |  |
|---|--|
| <input type="checkbox"/> No Legal Involvement   | <input type="checkbox"/> Charges withdrawn     |
| <input type="checkbox"/> Stay of Proceedings    | <input type="checkbox"/> Peace Bond            |
| <input type="checkbox"/> Court Diversion        | <input type="checkbox"/> Conditional Discharge |
| <input type="checkbox"/> On Bail-Awaiting Trial | <input type="checkbox"/> Time Served           |
| <input type="checkbox"/> Awaiting Sentence      | <input type="checkbox"/> Conditional Sentence  |
| <input type="checkbox"/> Incarcerated           | <input type="checkbox"/> Custodial Sentence    |
| <input type="checkbox"/> Unfit to Stand Trial   | <input type="checkbox"/> Probation             |
| <input type="checkbox"/> Restraining Order      | <input type="checkbox"/> Ontario Review Board  |
| <input type="checkbox"/> CTO                    | <input type="checkbox"/> Other: _____          |

**Please note: the above information will not be used against you in your housing application. This information will help to determine if you are eligible for the Supportive Housing option with the Mental Health and Justice program.**

If you are currently involved in the criminal justice system, we ask that you read and sign the attached Canadian Police Information Centre (CPIC) Authorization Form as part of the Intake process. See Page 4.

<b>Name of Parole/Probation Officer:</b>	<b>Organization</b>	<b>Number:</b> ( ) -
<b>Name of Court Diversion Worker:</b>	<b>Organization</b>	<b>Number:</b> ( ) -

**HIGHEST LEVEL OF EDUCATION**

- |   |  |
|---|--|
| <input type="checkbox"/> Some Elementary / Junior High School | <input type="checkbox"/> Elementary / Junior High School |
| <input type="checkbox"/> Some Secondary / High School         | <input type="checkbox"/> Secondary / High School         |
| <input type="checkbox"/> Some College / University            | <input type="checkbox"/> College / University            |
| <input type="checkbox"/> No Formal Schooling                  | <input type="checkbox"/> Other: _____                    |

**CURRENT LIVING SITUATION**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Shelter          | <input type="checkbox"/> Living with family or friend but would like to live independently |  |
| <input type="checkbox"/> Incarcerated     | <input type="checkbox"/> At risk of losing housing   | <input type="checkbox"/> Renting with no risk of losing housing                              |
| <input type="checkbox"/> No Fixed Address | <input type="checkbox"/> Own Home  | <input type="checkbox"/> Evicted from housing ( <b>must submit copy of Eviction Notice</b> ) |

Reason for Risk of losing Housing \_\_\_\_\_

If renting, what is your current monthly rent? (**submit copy of last month rental/mortgage receipt**) \$ \_\_\_\_\_

If found eligible for the waitlist, do you require OUTREACH Support in the interim?  Yes  No

**APPLICANT INCOME**

- |   |   |                                    |   |                                       |
|---|---|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Ontario Works        | <input type="checkbox"/> ODSP                 | <input type="checkbox"/> CPP       | <input type="checkbox"/> Retirement Pension   | <input type="checkbox"/> LTD          |
| <input type="checkbox"/> Old Age Security     | <input type="checkbox"/> Child Support        | <input type="checkbox"/> Alimony   | <input type="checkbox"/> Employment Insurance | <input type="checkbox"/> Student Loan |
| <input type="checkbox"/> Part time employment | <input type="checkbox"/> Full time employment | <input type="checkbox"/> No Income | <input type="checkbox"/> Other (specify)      |                                       |

HOW MANY MEMBERS OF YOUR HOUSEHOLD CONTRIBUTE TO THE HOUSEHOLD INCOME: 1 2 3 4 5  
(Submit copy of income verification copies of each household member that will be residing with you)

TOTAL MONTHLY HOUSEHOLD INCOME \$ \_\_\_\_\_

**HOUSING OPTIONS**

Housing locations chosen must be within the region of your supports (family, case worker, doctors)

**Independent Living Units**

Unit Preference (indicate 1<sup>st</sup> and 2<sup>nd</sup> Unit choice)

- Apartment Unit
- Bachelor
- Mature Adult Building – 50 and older

Location(s) Preference (indicate 1<sup>st</sup> and 2<sup>nd</sup> Location choice):

- Mississauga
- Etobicoke/York
- Caledon
- Brampton
- Rexdale
- Orangeville
- Malton
- Shelburne
- Grand Valley

**Group Homes**

- SHIP Group Home – Mississauga (8 residents per home – 1 room per resident)
- SHIP Group Home – Brampton (8 residents per home – 1 room per resident)
- Peace Ranch – Farm: (10 residents / 1 room per resident – MUST have a diagnosis of Schizophrenia)
- Peace Ranch – Townhome (shared accommodation 4 residents / 1 room per resident)

Do you require a wheel chair accessible unit or have any accommodation needs:  Yes  No Describe:

**HOUSEHOLD MEMBERS (includes only those who will reside with you)**

Copy of Citizenship or Immigration status must be provided for each member of the household

1. \_\_\_\_\_  

*Last Name*
*First Name*
*Middle*

Male  Female
 *Date of Birth M/D/Y*
2. \_\_\_\_\_  

*Last Name*
*First Name*
*Middle*

Male  Female
 *Date of Birth M/D/Y*
3. \_\_\_\_\_  

*Last Name*
*First Name*
*Middle*

Male  Female
 *Date of Birth M/D/Y*

Do you have custody of the children?  Yes  No

If you have a visitation agreement, what is the arrangement?

**What are your AREAS OF DIFFICULTY – Past or Present?**

*This section is intended to determine your needs in housing and support.*

- Yes  No Suicide threats/attempts \_\_\_\_\_
- Yes  No Substance Use Issues: Drug/Alcohol \_\_\_\_\_
- Yes  No Physical Violence towards family / others \_\_\_\_\_
- Yes  No Verbal abuse toward family / others \_\_\_\_\_
- Yes  No Sexually inappropriate behaviour towards others \_\_\_\_\_
- Yes  No Fire setting \_\_\_\_\_
- Yes  No Careless smoking \_\_\_\_\_

**What Type(s) of SUPPORT do you need? Check off the level of support you need in the following and provide details.**

- None  Some  A lot Managing medication: \_\_\_\_\_
- None  Some  A lot Managing money: \_\_\_\_\_
- None  Some  A lot Doing household chores: \_\_\_\_\_
- None  Some  A lot Preparing meals: \_\_\_\_\_
- None  Some  A lot Grocery shopping: \_\_\_\_\_
- None  Some  A lot Using transportation: \_\_\_\_\_
- None  Some  A lot Using community resources: \_\_\_\_\_
- None  Some  A lot Crisis management: \_\_\_\_\_

**Declaration of the Applicant**

To the best of my knowledge I have provided accurate information in support of my application for Supportive Housing.

x

Applicant's Signature

*Month**Day**Year*

x

Advocate/Person Assisting Signature

*Month**Day**Year*

Advocate/Person Assisting Phone Number

*Address**City**Postal  
Code*

PLEASE READ AND SIGN THE AUTHORIZATION BELOW ONLY IF YOU HAVE RECENTLY BEEN INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM.

**CMHA-PEEL BRANCH****Supportive Housing In Peel****Mental Health and Justice****CPIC AUTHORIZATION**

I, \_\_\_\_\_ authorize the administration of the Canadian Mental Health Association (CMHA) to conduct a police history check (CPIC) into my background. I understand that this will be completed in a confidential manner and is part of the assessment process for the Mental Health & Justice Services of the Canadian Mental Health Association Peel Branch and Supportive Housing In Peel.

Surname:

Driver's License Number:

First Name:

Middle Name(s):

Date of Birth:

Maiden Name:

Day    Month    Year

Signature

Dated

# GAIN Short Screener – Modified

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The following questions are about common psychological, behavioural or personal problems. These problems are considered <u>significant</u> when you have them for <u>two or more weeks</u> , when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. After each of the following statements, please indicate last time you had this problem, if ever, by circling in the past month (3), 2 to 12 months ago (2), 1 or more years ago (1) or never (0).	Past month	2 to 12 months ago	1+ years ago	Never
	3	2	1	0
<b>1. When was the last time you had significant problems...</b>				
a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	3	2	1	0
b. with sleeping, such as bad dreams, sleeping restlessly or falling asleep during the day?	3	2	1	0
c. with feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen?	3	2	1	0
d. when something reminded you of the past, and you became very distressed and upset?	3	2	1	0
e. with thinking about ending your life or committing suicide?	3	2	1	0
<b>2. When was the last time you did the following things two or more times?</b>				
a. Lied or conned to get things you wanted or to avoid having to do something?	3	2	1	0
b. Had a hard time paying attention at school, work, or home?	3	2	1	0
c. Had a hard time listening to instructions at school, work, or home?	3	2	1	0
d. Were a bully or threatened other people?	3	2	1	0
e. Started fights with other people?	3	2	1	0
<b>3. When was the last time...</b>				
a. you used alcohol or drugs weekly?	3	2	1	0
b. you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?	3	2	1	0
c. you kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	3	2	1	0
d. your use of alcohol or drugs caused you to give up, reduce or have problems with important activities at work, school, home or social events?	3	2	1	0
e. you had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or drugs to stop being sick or avoid withdrawal problems?	3	2	1	0
<b>4. When was the last time you...</b>				
a. had a disagreement in which you pushed, grabbed or shoved someone?	3	2	1	0
b. took something from a store without paying for it?	3	2	1	0
c. sold, distributed or helped to make illegal drugs?	3	2	1	0
d. drove a vehicle while under the influence of alcohol or illegal drugs?	3	2	1	0
e. purposely damaged or destroyed property that did not belong to you?	3	2	1	0
<b>When was the last time ... (not related to alcohol or drug use)</b>				
f. you missed meals or threw up much of what you did eat to control your weight?	3	2	1	0
g. you had eating binges or times when you ate a very large amount of food within a short period of time and then felt guilty?	3	2	1	0
h. you were disturbed by memories or dreams of distressing things from the past that you did, saw, or had happen to you?	3	2	1	0
i. you had thoughts that people are watching you, following you or out to get you?	3	2	1	0
j. you saw or heard things that no one else could see or hear, or felt that someone else could read or control your thoughts?	3	2	1	0
k. your gambling caused you to give up, reduce or have problems with important activities or people at work, school, home or social events?	3	2	1	0
l. your videogame playing or internet use caused you to give up, reduce or have problems with important activities or people at work, school, home or social events?	3	2	1	0

Applications submitted should be completed in full and returned to:

**Supportive Housing In Peel  
Attention: Central Intake  
969 Derry Rd. East, Unit 107  
Mississauga, ON L5T 2J7**

**CHECKLIST: Did you include the following with your Application?**

- Consent to Disclose Personal Health Information (signed and dated).** *(Doctor, case manager, family member who are permitted to discuss applicant's information for the sole purpose of application for Supportive Housing)*
- Rental Receipt** (if paying rent)
- Eviction Notice** (where applicable)
- Income Receipt** (most recent)
- Copy of Citizenship, Landed Immigrant status, birth certificate**
- GAIN-SS -- mandatory**
- Custody Agreements** (if requesting additional bedrooms because you have legal custody/visitation rights, copy of the agreement must be attached)
- CPIC Authorization** (for those involved with the Criminal Justice System)

SHIP respects your privacy. The confidentiality of your personal health information is maintained through the consistent application of strict policies and procedures that are consistent with the requirements of current legislation. Your consent is required for your personal health information to be used for your care by SHIP staff or shared with anyone other than SHIP staff, where Ontario's privacy legislation allows. SHIP staff are available to explain our policy with regard to confidentiality.

**Important Note**

It is the policy of Central Intake to fully respect each applicant's confidentiality. However, there are limitations on our ability or obligations to maintain confidentiality, Central Intake is required to share information to the partnered agencies involved with determining eligibility for Supportive Housing, when your behaviour poses a threat of physical harm to yourself or someone else, or other legally required reporting situations.

**Consent to Disclose Personal Health Information**  
Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

I, \_\_\_\_\_, authorize \_\_\_\_\_  
*(Print your name)* *(Print name of health information custodian)*

to disclose

**my personal health information consisting of:**

**Confirmation of Serious and persistent mental illness**

\_\_\_\_\_  
\_\_\_\_\_  
*(Describe the personal health information to be disclosed)*

OR  
 **the personal health information of** \_\_\_\_\_  
*(Name of person for whom you are the substitute decision-maker\*)*

**consisting of:** \_\_\_\_\_  
\_\_\_\_\_  
*(Describe the personal health information to be disclosed)*

**Supportive Housing In Peel, 969 Derry Road East, Mississauga, ON L5T 2J7**  
to \_\_\_\_\_  
*(Print name and address of person requiring the information)*

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.

My Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Work Tel.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Work Tel.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please note: A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.**

**Central Intake – A Single Point of Access For:**  
Supportive Housing In Peel (SHIP) • Peace Ranch  
Supportive Housing in Etobicoke/York (SHEY) • Housing and Support Peel (HASP)  
FACT Peel+ • Mental Health & Justice • Assertive Community Treatment Teams • Dufferin County

## Who Are We?

We are community-based housing, support programs and community Mental Health service providers. We provide supportive living environments for men and women who have an identified serious mental illness and who are assessed as needing supportive housing in the community. As well, we provide a continuum of specialized services, which range from case management to intensive support by multi-disciplinary and specialized teams.

## Programs Available:

Clients are encouraged to have a productive and healthy lifestyle and engage in psycho-social rehabilitation. The Housing and Support programs provide good quality, safe and affordable housing. Support workers assist clients in setting daily routines, developing skills, enhancing relationships and reach their own life goals.

- Supportive Housing In Peel (SHIP)

Serving residents of the Region of Peel (Mississauga, Brampton and Caledon), SHIP is a supportive housing program providing two levels of support and a variety of housing options. The Independent Living Program provides flexible support from a community support worker. The Group Home Program provides 12-14 hours of on-site support, with overnight, on-call coverage.

- Peace Ranch

Peace Ranch is a community mental health agency on a small farm in the Caledon Hills. It provides housing to 10 adults (aged 18-65) with a diagnosis of schizophrenia who would benefit from 24-hour support and a daily routine with emphasis on rehabilitation. It is best suited to those individuals who have a desire to live in the country and who would enjoy working on the farm, in a garden and with animals. Peace Ranch also offers a 3 day/week Day Program for adults with mental illness, funded by the United Way.

- Supportive Housing in Etobicoke/York (SHEY)

SHEY is a partnership between Reconnect Mental Health Services, Trillium Health Centre and Supportive Housing In Peel. Serving residents of Toronto, Etobicoke and York, SHEY provides support to individuals who are homeless or at imminent risk of becoming homeless. Housing includes single, bachelor, and family sized units in the areas of Etobicoke and York.

- Housing And Support Peel (HASP)

Serving residents of the Region of Peel, the partners of HASP provide support to individuals who are homeless or at imminent risk of becoming homeless. Housing includes single, bachelor, and family units.

*The Partners of the Homelessness Initiatives (SHEY & HASP) are:*

- Canadian Mental Health Association/Peel (CMHA/Peel)
- Centre for Addiction and Mental Health/Dual Diagnosis Program (CAMH)
- India Rainbow Community Services
- Peel Addiction Assessment and Referral Centre (PAARC)
- Peace Ranch
- Reconnect Mental Health Services
- Supportive Housing In Peel (SHIP)
- Trillium Health Centre

- Mental Health & Justice

Serving those residing in the Region of Peel, this is a joint partnership with CMHA/Peel, providing support to individuals who are homeless or at imminent risk of becoming homeless and who have come into conflict with the law. Housing includes single, bachelor, and family units.

## What Are Our Admission Requirements?

- Age 16 or over
- Diagnosed with a serious and persistent mental illness
- Assessed as needing and willing to work with a support service
- Having a source of income to meet financial requirements
- Having submitted a completed application form and psychiatric report
- Having consented to the sharing of information with partner agencies
- Having an established support system in the area in which the application is being made to (Peel, Dufferin or Etobicoke/York).
- For the *Homelessness Initiative*, applicants must be homeless or at imminent risk of homelessness.
- For the *Mental Health & Justice* Program applicants must be currently involved in the Criminal Justice system and the offence is considered low risk.
- For *Peace Ranch* group home, applicants must be age 18-65 and have an identified diagnosis of schizophrenia; townhouse residents, also 18-65, must be diagnosed with serious mental illness.

## Other Programs

- FACT Peel+

The community based Early Intervention in Psychosis program, called FACT Peel+ is a co-operative partnership between SHIP, the Centre for Addiction and Mental Health, First Assessment Clinical Team (FACT), and the Canadian Mental Health Association (CMHA), Peel Branch. This program is offered to for those clients who are transitioning from the FACT Peel Clinic. Referrals for this program are received through the FACT Peel clinic only.

- Assertive Community Treatment Teams (ACTT) – SHIP

The ACT team is a multidisciplinary community mental health team comprised of mental health professionals from a variety of disciplines. Central Intake provides the intake service for both SHIP's ACT teams. Applicants will be considered based on the eligibility criteria. Call Central Intake for more information.

## What is the Process?

Acceptance into one of our programs is based on a two-part process:

1. A review of the application form and supporting documentation.
2. A face-to-face assessment by a support worker to determine eligibility.

Acceptance is also determined by the availability of appropriate housing and support services. It is very difficult to estimate the waiting time. All programs have waiting lists and we do not provide emergency housing or priority placement. As a front door, Central Intake staff will work with you to provide linkages to community based services that meet your imminent need. If you are found ineligible for service, an appeal process is available. Call Central Intake at 905-795-8742 for more information.

## How Do I Apply?

Call Central Intake at 905-795-8742 to request an application. Applications must be completed in full and are placed on the wait list by date of application.

## Where Do I Send My Application?

Applications are accepted from self-referrals or referrals of community agencies, hospitals, and psychiatrists and should be mailed to:

Central Intake - Supportive Housing In Peel

969 Derry Road East, Unit 107, Mississauga, ON L5T 2J7

Telephone: (905) 795-8742

• Fax: (905) 795-1129

E-mail: [intake@shipshey.ca](mailto:intake@shipshey.ca)

• E-mail: [info@shipshey.ca](mailto:info@shipshey.ca)

• Web site: [www.shipshey.ca](http://www.shipshey.ca)