DISTRESS CENTERS OF GREATER TORONTO

OUTBOUND PROGRAMS REGISTRATION FORM

Distress Centres of Greater Toronto

Thank you for referring your client to our Outbound programs with Distress Centers of Greater Toronto. We believe that our programs are an excellent safety net for many in our communities, and we love connecting with our clients each week to help improve their mental health, decrease their isolation, and help with medication management.

As part of our new referral process, we ask that all referrers discuss with their clients the benefits, risk and limitations of our programs, to provide this information to them for future reference, when appropriate. We also wish to collect consent to discuss your client, should the need arise, to best support mutual clients whenever possible.

Benefits:
-Our clients report feeling more connected to their communities and less isolated and lonely
-Our clients learn about helpful resources in their communities for social, mental, physical and spiritual health
-Our clients who receive medication reminders or safety check ins report greater independence over their health, and less hospitalizations

Risks:
-The use of social/emotional support calls, like the use of any support program, may bring up feelings that are challenging for some clients. Clients are encouraged to only discuss what they feel comfortable sharing, and can always ask a volunteer for resources to cope with tough emotions
-DCGT stores personal information about clients that can be viewed by program volunteers, in password protected and encrypted databases

Limitations:
-As these are primarly volunteer run programs, we can't guarentee calls
-Programs have limited spaces and specifc shift times for calls. This may mean that clients may not be able to get their preferred time or day for a call
-Some programs only offer gentle medication reminders within a window of time, and can't guarantee calls everyday
-English Touching Base is a transitional program, and is only appropriate for clients who can transition off within 6 months
-Though our programs run with the support of trained volunteers, they are not counsellors and can not provide therapeutic support over the phone

More information about our Outbound programs can be found at: dcogt.com/outbound-programs or by speaking with a coordinator:

English: 289-569-1201 *Mandarin, Cantonese:* 289-569-1203 *Hindi, Punjabi, Urdu:* 289-569-1208 *Portuguese, Spanish:* 289-569-1202

Please provide your client with a copy of this page for their reference

Internal Office Use: Client ID # :

Distress Centres of Greater Toronto: *Outbound Programs Resigtration Form*

Program	Call Type	Language Preference
☐ **Caller Reassurance Program (CRP)**; 55+ Toronto Residents, English Only ☐ **TeleCheck Program for Seniors (TCh)**; 55+ Central West LHIN Residents ☐ **Touching Base Program (TB)**; 16+ Region of Peel, English = Transitional	☐ Social Calls ☐ Medication Reminders ☐ Check ins	☐ English ☐ Spanish ☐ Hindi ☐ Portuguese ☐ Punjabi ☐ Mandarin ☐ Urdu ☐ Cantonese

Client Contact Information

Full Name		Preferred Name		Date of Birth	MM/DD/YYYY	Email	
Address		APT #		City		Postal Code		Client lives alone?	☐ YES ☐ NO, with:
Phone Number		☐Home ☐Cell ☐Work		2nd Phone Number		☐Home ☐Cell ☐Work		OK to leave VM?	☐ YES ☐ NO ☐ No Voicemail

Client Demographic Information

Gender (Check all that apply)	☐ Female ☐ Male ☐ Non-Binary or Gender Queer ☐ Two-Spirit ☐ Trans* ☐ Prefer not to answer ☐ Additional gender identities (please specify):
Pronouns	
Ethnicity (Check all that apply)	☐ Black ☐ Latino ☐ South Asian ☐ East/Southeast Asian ☐ Middle Eastern ☐ White ☐ Indigenous (First Nations, Métis, Inuk/Inuit) ☐ Another race category (please specify): ☐ Do not know ☐ Prefer not to Answer

Secondary Contact Information (2nd person may be a landlord or superintendent)

Full Name		Relationship		Pronouns		Can safety check in person?	☐ YES ☐ NO	Aware of program	☐ YES ☐ NO
Phone Number		☐Home ☐Cell ☐Work	2nd Phone Number		☐Home ☐Cell ☐Work	Email			
Full Name		Relationship		Pronouns		Can safety check in person?	☐ YES ☐ NO	Aware of program	☐ YES ☐ NO
Phone Number		☐Home ☐Cell ☐Work	2nd Phone Number		☐Home ☐Cell ☐Work	Email			

Client Concerns and Considerations

Any illnesses, disabilities or special information	
Assistance from other organizations	
Hobbies or interests	
Reason for referral, hopes for referral (previous hospitalizations, loneliness, etc)	

Information for Medication Reminder Calls

Doctor Name		Phone Number	
Medication for:			
Instructions:			

Please note: some programs may offer only gentle medication reminders within specific time windows. Go to dcogt.com or speak with a coordinator for more information.

Referrer Information

Referral Type	☐ Self ☐ Family/Friend ☐ Agency ☐ Internal			Name		Job Title	
Agency Name		Phone Number		Email		Follow up via	☐ Phone ☐ Email

Consent for Agencies

☐ I have obtained consent to share the above information with Distress Centres of Greater Toronto (DCGT), for the purpose of registering my client with the Outbound Programs, and to continue ongoing communication with DCGT when necessary for the support of my client.

☐ I have provided my client with information about the Outbound Programs, including possible benefits, risks and limitations of participating in this program prior to submitting this form.

Type Name for E-Signature:		Date:	MM/DD/YYYY

Internal Office Use

Outcome of Referral		Staff Completing Referral		Date Completed	