



**Canadian Mental Health Association**  
Durham  
*Mental health for all*

**Association canadienne pour la santé mentale**  
Durham  
*La santé mentale pour tous*

Phone: 905-436-8760 or Toll Free: 1-844-436-8760

Fax Number: 905-436-1569

Email: [cmha@cmhadurham.org](mailto:cmha@cmhadurham.org)

Website: [www.cmhadurham.ca](http://www.cmhadurham.ca)

## REFERRAL AND REQUEST FOR COMMUNITY MENTAL HEALTH SERVICES

Using this referral form, please select the program(s) that are most applicable.

Please contact us if you have any further questions or visit us online.

<input type="checkbox"/> <b>Brief Case Management Services</b>	For individuals seeking 1:1 support with a case manager
<input type="checkbox"/> <b>Caregiver Case Management</b>	Support specific to the individual caregiver with emphasis on education and relief for caregiver stressors for a period of up to 3 months.
<input type="checkbox"/> <b>Housing and Case Management Services</b>	Provides support to individuals with a mental health diagnoses living in the community, include individuals involved with the Criminal Justice System.
<input type="checkbox"/> <b>Recovery College Wellness Centre</b>	An educational approach to improving mental health with an emphasis on strengths. The program includes peer support and the opportunity to train to become a peer supporter.
<input type="checkbox"/> <b>Community Homes for Opportunity (CHO)</b> Formerly Homes for Special Care	Provides tenants with recovery oriented supportive housing that can offer up to 24/7 supports services to maintain housing stability.
<b>Referral forms available from our website <a href="http://www.cmhadurham.ca">www.cmhadurham.ca</a>. for the following services;</b>	
Assertive Community Treatment Team Mental Health and Addictions Peer Support Program (MAPS) Nurse Practitioner-Led Clinic (Primary Care)	

### Client Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Permission to Leave messages       Permission to Text

Additional Comments: \_\_\_\_\_

How did you hear about CMHA Durham's Services \_\_\_\_\_

Self-Referral       Community Agency

Community Agency Referral Source: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_