

**STONE HEARTH BAKERY   
SKILLS TRAINING PROGRAM**LL05 - 7071 Bayers Rd Halifax, NS B3L 2C2

Phone: (782) 774 3501   
Fax: (902) 453-4793

Email: mitchell@stonehearth.ca

**REFERRAL FORM**

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Please ensure all fields are completed: failure to provide all requested information can delay applicant’s admission.*Completed form can be faxed or emailed to the attention of **Mitchell Lee.**

**APPLICANT INFORMATION**

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| --- | --- |
| **First Name:** | **Last Name:** |
| **Address:  Apartment:** | **City:   Postal Code:** |
| **Phone Number:** | **Email:** |
| **Please describe the applicant's living arrangements (supported housing, independent, w/family, etc. AND whether or not this is stable):** | |
| **Birthdate (Month/Day/Year):** | |
| **SIN:** | **NS Health Card:** |
| **Emergency Contact (Name, Phone # and the relationship to applicant):** | |
| **Education (highest level completed):** | **Has the applicant attended the Stone Hearth Program in the past?** ❑ Yes ❑ No |
| **Marital Status:** | **# of Dependents:** |
| **Allergies (include severity):** | |

**REFERRAL’S ASSESSMENT AND INFORMATION**  
  
If other assessments are available, please attach copies to the application.

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| --- | --- |
| **Referring Agency & Name:** | |
| **Phone:** | **Email:** |
| **Length & Nature of Involvement:** | |
| **Who initiated the referral, and why?** | |
| **Level of motivation:** | |
| **What is the applicant looking for from the Stone Hearth Bakery Program?** | |
| **Strengths of Applicant:** | **Weaknesses of Applicant:** |
| **Does the applicant identify as having a disability?**  ❑ None ❑ Physical ❑ Intellectual ❑ Visual ❑ Speech ❑ Hearing ❑ Learning ❑ ADD/ADHD  ❑ Dexterity ❑ Mobility ❑ Developmental ❑ Cognitive ❑ Mobility ❑ Mental Health ❑ Other  **Please explain any diagnosis and ongoing symptoms we should be aware:**  **Is the disability considered episodic?**  **Is the applicant on medication to treat anything checked above? Please list any side effects this may cause:** | |
| **Is there a history of addiction?** ❑ No ❑ Gambling ❑ Alcohol ❑ Drugs ❑ Other  **If yes, please explain treatment plan:** | |
| **Has the applicant ever had an aggressive outburst?** ❑ Yes ❑ No  **History of violence?** ❑ Yes ❑ No  **Please describe:** | |

**COMMUNITY SERVICES INFORMATION**

Case Workers and Care Coordinators will be contacted for approval of applicant’s participation prior to being accepted into the Stone Hearth Bakery Program.

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| --- | --- |
| **Case Worker Name:** | **Income Assistance // Disability Support Program** (Please circle) |
| **Phone (Mandatory):** | **Email (Mandatory):** |
| **Employment Support Services:**  **Phone: Email:** | |

**LEGAL HISTORY**

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| --- |
| **Please Check One:**  ❑ No criminal record ❑ Charges Pending ❑ On Parole ❑ On Probation ❑ Other:  Please explain the nature of the offenses and any conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**EMPLOYMENT/VOLUNTEER HISTORY**

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| --- | --- | --- |
| **Please list employment, volunteer or other program experience, in order of most recent:** | | |
| **COMPANY & TITLE** | **DATES** | **REASON FOR LEAVING** |
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**SUPPORT SYSTEMS**

Persons provided may be contacted prior to acceptance and during applicant’s program experience. Please make a note of anyone who would want ongoing contact, including family, housing support, case worker, referral source, or other supporting organizations.

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| --- | --- |
| **Medical** | |
| **Name:** | **Organization:** |
| **Phone:** | **Email:** |
| **Notes:** | |
| **Family or Personal** | |
| **Name:** | **Organization:** |
| **Phone:** | **Email:** |
| **Notes:** | |
| **Housing or Community** | |
| **Name:** | **Organization:** |
| **Phone:** | **Email:** |
| **Notes:** | |
| **Other** | |
| **Name:** | **Organization:** |
| **Phone:** | **Email:** |
| **Notes:** | |

**RELEASE OF INFORMATION**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to be referred to Stone Hearth Bakery’s Work Adjustment Skills Training Program. Therefore, I agree that the agency or person making the referral, can release and request information from my file that is relevant to my participation in the program.**

**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referral’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**