Sara Riel inc.
Compassion. Respect. Recovery.
Compassion. Respect. Rétablissement.

101-66 Moore Avenue
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Mental Health Counselling, Community Mentorship, Employment Services, Seneca Respite

Sara Riel Inc. provides community-based supports to persons who experience issues with mental illness or mental health challenges including substance use disorders and addictions.

APPLICATION FOR SERVICES

Personal Information

First Name _____ Initial(s) ___ Last Name _____

Pronoun: _____

Address _____

City/Town _____ Province _____ Postal Code _____

Telephone # _____

Email _____

Date of Birth (mm/dd/yyyy) __ __/__ __/__ __ __ __ ☐ ☐

Identified Gender _____ Preferred Language English French

Service Request

Please check off the service(s) you are applying for:

- ☐ Mental Health Counselling (Case Management)
- ☐ Community Mentorship (Independent Living Skills Development)
- ☐ Employment Services (Career Coaching Employment Counselling)
- ☐ Seneca Respite (Peer-Supported, 5-Night Stays)

Health Information

Please indicate your Mental Health Diagnosis _____

Please indicate any concurrent diagnosis or developmental _____

Autism Spectrum Disorder, Learning Disability, Brain Injury, Dementia, Fetal Alcohol Spectrum Disorder (FASD)

Referral Source

Name _____ Title _____

Organization _____

Mental Health Clinician/Physician*

Psychiatrist/General Practitioner/Family Doctor/Nurse Practitioner (or Community Mental Health Worker/EI, EIA or EIA Disability Worker)

Name _____

Group/Organization _____

Address _____

City/Town _____ Province _____ Postal Code _____

Telephone # _____ Fax # _____

Email _____

**Collateral is obtained to receive services. See consent below.*

Sara Riel Inc. Authorization for Release of Information

BY SIGNING THIS DECLARATION BELOW, I UNDERSTAND THAT:

- Sara Riel Inc. may require to both obtain and share information necessary to determine my acceptance, and continued eligibility, to Sara Riel Inc. for the provision of services.
- Sara Riel Inc. staff are bound by confidentiality agreements as part of their condition of employment, and may only use my information to provide services to me as I have agreed. I may revoke my authorization to share my private information at any time, by way of a written notice of change.
- Sara Riel Inc. has the "Duty to Report". If life or safety is seriously threatened, disclosure is required by law. This "Duty to Report" supersedes all confidentiality and authorizations.

BY SIGNING THIS DECLARATION BELOW, I AUTHORIZE:

- Sara Riel Inc. to release my intent to receiving supports from Sara Riel Inc., and to request necessary information regarding my application from the persons or organizations listed above.
- The release of the requested information from the persons or organizations listed above to Sara Riel Inc., for the purpose of receiving supports from Sara Riel Inc.

BY SIGNING THIS DECLARATION BELOW:

- I attest that I am the full age of majority.
- I release Sara Riel Inc., including its employees, agents, students, researchers and volunteers, from any and all claims whatsoever which may arise as a result of the release of information.
- I ensure that all of the information provided in this application is accurate to the best of my knowledge and ability.

Name (please print) _____ Signature _____

Date (mm/dd/yyyy) __ __ / __ __ / __ __ __ __