

The Warm Line Service is a prevention-based outreach service for individuals who are referred to the program. The Warm Line Service is staffed and carried out by trained volunteers to provide support to clients between the hours of 5pm-10pm. The service is based upon availability in the schedule. Should the client be placed on a waitlist, the referrer will be notified.

The Warm Line Service provides support to clients for the following:

- Medication Reminder
- Support (short term or long term)
- SIL supportive setting
- Suicide Support
- Loneliness and isolation

**Referral Process:**

1. The client and the referrer will complete all sections of the Warm Line Referral form and the client will be notified that they can expect a call from a Distress Centre Coordinator. Please note: if you cannot obtain a signature from the client, please state **Verbal Consent Given**.
2. Once the form has been completed and signed by both the client and the referrer, please fax the referral form to Developmental Services of Leeds and Grenville at 613-345-1394 or email to Sarah Kaufman, Distress Centre Manager at [skaufman@dslg.ca](mailto:skaufman@dslg.ca).
3. A Distress Centre Coordinator will review the referral form and contact the client to discuss the service and schedule days and times the client will receive service.
4. Following the conversation between the client and the Distress Centre Coordinator a signed copy of the referral form with service schedule will be returned to the referrer for their records.

**Disclaimer**

All information on the referral form **MUST** be completed for individuals to access service. Incomplete forms submitted will receive a follow up email stating that the referral cannot be processed due to incomplete information.

<b>Referrer Contact Information</b>	
Date Referral Completed with Client:	
Referral Service:	
Primary Contact:	
Phone:	Fax:
Email:	

<b>Client Contact Information</b>	
Name:	
Address:	Phone:
Emergency Contact Name:	Relationship:
Phone Number:	
<b>Relevant Client Information</b>	
Please identify if the client has experienced significant life events/changes in the following areas (with additional details provided) where Warm Line support may be beneficial:	
Physical Health:	Mental Health:
Relationship:	Bereavement:
Employment:	Housing:
<b>Service Needs</b>	
Purpose of call:	
Number of calls requested per week:	Days requested:
Preferred time of call (between 5-10pm):	
Please do not call past this time:	
Can we leave a voicemail?	Can a message be left with someone else?
Conversation Starters:	
Signs of distress if known:	

## Distress Centre Warm Line Referral Form

**Please review with Clients**

1. Calls made to the client at the specified time may vary slightly depending on the call(s) received to the Distress Line.
2. If there is a significant change in circumstances i.e., hospital, moving, change of phone number please let us know.
3. If a client is having active thoughts of suicide and does not answer the phone for 2 consecutive calls, a Distress Centre Coordinator will contact the referrer or the emergency contact to ensure safety of the client.
4. If the client does not answer the phone for 7 scheduled calls, a Distress Centre Coordinator will contact the referrer or the emergency contact to ensure safety.
5. If a client has not answered their call over a period of one month, and a Distress Centre Coordinator has attempted to contact the referrer or the emergency contact with no success, the service will be terminated.
6. If the client is terminated due to lack of engagement with the service, and wishes to be reinstated, it will be subject to availability within the schedule.
7. In accordance with our Workplace Violence and Harassment Policy O.H.S. 9, there is an expectation that all Warm Line service providers will be treated with respect and dignity. In the event a client does not meet these expectations, a Distress Centre Coordinator will contact the client to reiterate the policy and to inform the client that moving forward, another instance of policy violation will result in immediate termination of service.
8. If a client requests a change in their schedule or termination of the service, a Distress Centre Coordinator will contact the client to discuss their needs and a change in status update will be communicated to the referrer by email.
9. A Distress Centre Coordinator will follow up with the client in 3 months and annually thereafter to discuss the service and the client needs.

Client Signature: \_\_\_\_\_

Referrer Signature: \_\_\_\_\_

<b>Service Agreement (Completed by Distress Centre Coordinator)</b>	
Date referral was received:	
Number of calls per week:	Schedule of calls:
Date of service review completed with client:	
Service start date:	Date scheduled for 3-month review:
Status:	

Distress Centre Coordinators Signature: \_\_\_\_\_