

Distress Centre Warm Line Self Referral Form

The Warm Line Service is a prevention-based outreach service for individuals. 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, they 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 will complete all sections of the Warm Line Referral form.
2. Once the form has been completed and signed, 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
3. A Distress Centre Coordinator will review the referral form and contact you to discuss the service and schedule days and times you will receive service.

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.

Distress Centre Warm Line Self Referral Form

Contact Information	
Name:	
Address:	Phone:
Emergency Contact Name:	Relationship:
Phone Number:	
Relevant Information	
Please identify if you have 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:
Service Needs:	
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:	

Distress Centre Warm Line Self Referral Form

Please be aware:

1. Calls made to you 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 you have been experiencing active thoughts of suicide and do not answer the phone for 2 consecutive calls, a Distress Centre Coordinator will contact your emergency contact to ensure your safety.
4. If you do not answer the phone for 7 scheduled calls, a Distress Centre Coordinator will contact you to ensure safety.
5. If you have not answered your call over a period of one month, and a Distress Centre Coordinator has attempted to contact you or your emergency contact with no success, the service will be terminated.
6. If your service is terminated due to lack of engagement with the service, and you wish 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. If you do not meet these expectations, a Distress Centre Coordinator will contact you to reiterate the policy and to inform you that moving forward, another instance of policy violation will result in immediate termination of service.
8. If you request a change in schedule or termination of the service, a Distress Centre Coordinator will contact the client to discuss your needs.
9. A Distress Centre Coordinator will follow up with you in 3 months and annually thereafter to discuss the service and your needs.

Client Signature: _____

Service Agreement (Completed by Distress Centre Coordinator)	
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: _____