



UNITY IN
COMMUNITY

The Brooks Residence, Ottawa, ON

Unity In Community Respite Services Intake Form

Supporting young persons ages 16–24 involved in or at risk of involvement with the Youth Criminal Justice System.

Date completed:	Source of referral:
Legal Name:	Preferred Name/Pronouns:
Phone #:	Permission to call /leave voicemail: YES <input type="checkbox"/> NO <input type="checkbox"/>
Date of Birth:	Client email: Referral email:

Is the applicant currently living in Ottawa? Describe their most recent living situation, if housed:

Emergency contact information

Name:	Phone #:
Relationship:	Can we leave a message? YES <input type="checkbox"/> NO <input type="checkbox"/>

Tell us about yourself

This section helps us understand how to best support the individual. Please check any experiences, identities, or concerns that may be relevant to care planning.

- Racialized Identity (e.g. Black, Indigenous, Person of Colour). Details (tribe, ethnicity): Click or tap here to enter text.
- Newcomer or refugee to Canada, if yes, what is your status: Click or tap here to enter text.
- 2SLGBTQIA+ identifying
- Substance use concerns
- Safety concerns (e.g., housing, community, threats). Describe: Click or tap here to enter text.
- Involvement with child protection (e.g., CAS). If yes, who is their CAS worker: Click or tap here to enter text. What is their status (TCA, crown ward, etc.)? Click or tap here to enter text.

Please submit this form to info@unityincommunity.ca. We will contact you soon to discuss the referral.



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Legal & Support Involvement

If applicable, please provide information about any current or past involvement with the legal system or support professionals. This helps us coordinate care, understand responsibilities, and ensure the individual receives consistent and informed support.

Is the applicant currently involved in the Criminal Justice System? YES NO

If yes, please describe the current disposition (e.g., probation, court involvement):

Is the applicant working with a probation officer or case worker? YES NO

If yes, please provide name and contact info:

Is applicant working with any other support workers? (e.g. child protection, mental health, housing, school)
YES NO

If yes, please list their names, roles and contact information (if known):

Respite Request Details

Please provide a brief explanation of the reasons for this referral. Include any relevant history, current needs, and goals during respite.

Respite services available:

Day Respite – Care and support provided during daytime hours only (e.g. 9 AM – 5 PM).

Overnight Respite – Includes one overnight stay with supervision and support.

Weekend Respite – Begins Friday evening and ends Sunday evening, includes overnight care.

Emergency Respite – Short-notice support offered during urgent or crisis situations.

Note: Please attach any supporting documentation (e.g., risk assessments, case plans, etc.) if available.

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Type of respite requested: <input type="checkbox"/> Day <input type="checkbox"/> Overnight <input type="checkbox"/> Weekend <input type="checkbox"/> Emergency	
Frequency required: <input type="checkbox"/> One-time <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> As needed	
Requested start date: _____	End date: _____
Reason for respite (e.g. Caregiver burnout, work, emergency): 	
What is the applicant's source of funding for services? 	
If funding is pending, please provide expected source and timeline: 	
What are applicant's goals during respite? 	
Has the applicant received respite services before? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, when and where? 	

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Does the applicant require assistance accessing any additional services or supports?

How did you hear about Unity in Community?

Additional information

Is there anything else you'd like to share?

Applicant Signature:

Date:

Thank you for considering Unity in Community: Brooks Residence. We look forward to working with you.

Referee's Signature:

Date:

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