

Crisis Call Sheet

Take a cleansing breath before you pick up the phone

Date: _____ Time of call: _____ AM/PM Total call time: _____

What is your name: _____ Birthdate: _____
check conditional acceptance list

In case I lose you during the call, is there a number I can call you back at? _____

Are you in a safe place: No / Yes What is your current location? _____

If not, should police be summoned? No / Yes **If yes, ask caller to stay on the line and call 911 immediately**

What are your immediate concerns? *(Details of why she called. Assess her current risk and emergency shelter needs)*

Who is your abuser? _____ Is he likely to actively search for you at this shelter? Yes / No

Where is your abuser at this time? _____

What type of abuse have you experienced? Physical Sexual Emotional/Verbal Financial Spiritual

Has your abuser ever threatened you with a weapon? No / Yes If yes, with what? _____

Was medical intervention needed? _____

Sometimes when we are in crisis we can have thoughts of suicide. Do you have any suicidal thoughts at this time? Yes/No

If yes, complete a Suicide Risk Assessment. Support caller to make a safety plan and/or refer to 24 Hour Distress Line (403-266-HELP)

CIW Checkpoint: Continue with call sheet if deemed that emergency services are not required.

Can you tell me how you came to call here? *(Referral Source)* _____

Do you have any children you will be bringing with you? Yes / No If yes, how many? _____

CIW Checkpoint: Do we have space? Yes / No

If possible space is available, please continue with call sheet.

If we are not able to accommodate, please ask if they would like phone numbers for alternate shelters, services, RH Outreach, RH Preventive Ed and/or resources. Offer safety planning.

If Eden Valley Resident – Would you like to be connected with our Aboriginal Liaison Counsellor when she comes to Eden Valley? If yes advise that she is at the Wellness Centre Wednesdays from 10-3

IF we have space and there are other reasons you might be thinking about declining, please document details leading to this decision

Have you or your children been exposed to any form of communicable diseases in the past 2 weeks? (chicken pox, scabies, head lice, bed bugs, etc.) (Y / N) If yes, _____

(See practice note)

Do you have any medical concerns? (Y / N) Mental health? (Y / N) Substance use? (Y / N)
(Illnesses, conditions, mobility, etc.)

If yes, can you tell me what they are? _____

What medications, if any, are you on? _____

(If children are being admitted) May I please ask for the ages and any special needs/concerns of your children?

How would you be getting here? _____

Please discuss transportation needs as well as our limited storage for personal belongings.

Rowan House is meant to be a safe place for all therefore has a Zero Tolerance Policy to alcohol, drugs, weapons, abusive language, physical abuse or threats of violence while staying in the shelter. We recognize that some of these may be, or have been used as coping mechanisms however, while at Rowan House, please ensure they are refrained from to avoid being discharged immediately. **Are you willing and able to honor our zero tolerance policy? Yes / No**

Is this caller now **accepted**? Yes / No *(Please see practice notes on clipboard)*

If the caller is **declined** state why: Unable to accommodate due to capacity

Caller does not meet priority level established by program Program not able to accommodate clients' needs

Caller declined us Other *(Please explain):* _____

OFFER SAFETY PLANNING and ALTERNATE RESOURCES

Please let caller know we are communal living and have security features for the safety of all residents.

Front door and intercom system – Please ring the bell when you arrive at Rowan House. It may take a few seconds for staff to answer the intercom before the door is opened and you enter the shelter where you will be greeted by shelter staff.

Please discuss expectations and programming: morning coffee, communal living, household responsibilities and 30 day programming.

Follow up calls: _____

Expected time of arrival: _____

Staff: _____ Outcome Tracker #: _____

Date entered into OT: _____