wesley

Wesley Hoarding Outreach Team Referral Form

Client Information	
Date:	Client Name:
Address:	Phone:
D.O.B:	Main Language at Home:
Client/Self-Identified Gender:	

Consent Obtained: Yes ☐ No	Housing Type: House Apt. 1bdrm Apt. 2bdrm Single Room Other: _____

Referrer Information	
Name:	Organization:
Relationship:	Phone:
Email:	
Will you have ongoing involvement with this client? Yes No No	
Do you want to be involved in the initial meeting? Yes No No	
Other Agencies Involved with the resident:	

Resident and Environment Profile	
Tenancy Type:	Type of Housing:
Clutter Image Rating Scale: Yes (See Attached) No	Home Environment Index Completed: Yes ☐ (See attached) No ☐ Number of Rooms:
Animal Hoarding: Yes ☐ No ☐ Type(s) and approx. numbers:	
Are you aware of any By-Law/Public Health Order actions? Yes ☐ No ☐ Please Describe:	

Please refer to Wesley Hoarding Outreach Team Assessment Guidelines for Clutter Image Rating Scale

Referrals are to be submitted to hoarding @wesley.ca

Has the landlord issued warning letters or eviction notice? Yes ☐ No ☐ N/A ☐

Please provide details:

In your opinion will the resident be willing to engage with WHOT to declutter?

Yes ☐ No ☐ Comments:

Does the resident display any insights into their challenges? Yes ☐ No ☐
Please provide details:

Health and Safety Risk Profile

Safety Threats: (Aggression, Pets) Yes ☐ No ☐ Unsure☐
Describe:

Poor Mental Health, Self Harm, Suicide Risks: Yes ☐ No ☐ Unsure ☐
Describe:

Rodents (rats, mice, squirrels): Yes ☐ No ☐ Unsure ☐
Describe:

Vermin (fleas, spiders, birds, cockroaches, bed bugs etc.) Yes ☐ No ☐ Unsure ☐
Describe:

Bio Hazards (chemicals, waste, bodily fluids) Yes ☐ No ☐ Unsure ☐
Describe:

Plumbing, Electrical, Structural concerns (working utilities) Yes ☐ No ☐ Unsure ☐
Describe:

Clutter Image Rating

Date: _____

Using the 3 series of pictures (CIR: Living Room, CIR: Kitchen, and CIR: Bedroom), please select the picture that best represents the amount of clutter for each of the rooms of your home. Put the number on the line below.

Please pick the picture that is closest to being accurate, even if it is not exactly right.

If your home does not have one of the rooms listed, just put NA for "not applicable" on that line.

Room	Number of closest corresponding picture (1–9)
Living Room	_____
Kitchen	_____
Bedroom #1	_____
Bedroom #2	_____

Also, please rate other rooms in your house that are affected by clutter on the lines below. Use the *CIR: Living Room* pictures to make these ratings.

Dining room	_____
Hallway	_____
Garage	_____
Basement	_____
Attic	_____
Car	_____
Other	_____ Please specify: _____

Scores above 3 in any room are cause for concern.

Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.
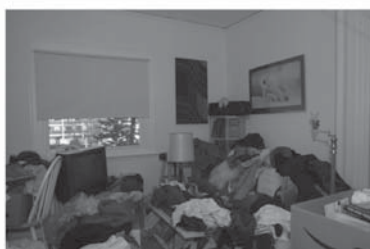

Figure 2.1

Clutter Image Rating Scale: Living Room

Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.

Figure 2.2

Clutter Image Rating Scale: Kitchen

Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.

Figure 2.3

Clutter Image Rating Scale: Bedroom

Home Environment Index

Clutter and hoarding problems can sometimes lead to sanitation problems. Please circle the answer that best fits the current situation in the home.

To what extent are the following situations present in the home?

1. Fire hazard
   - ⚪ 0 = No fire hazard
   - ⚪ 1 = Some risk of fire (for example, lots of flammable material)
   - ⚪ 2 = Moderate risk of fire (for example, flammable materials near heat source)
   - ⚪ 3 = High of fire (for example, flammable materials near heat source; electrical hazards, etc.)

2. Moldy or rotten food
   - ⚪ 0 = None
   - ⚪ 1 = A few pieces of moldy or rotten food in kitchen
   - ⚪ 2 = Some moldy or rotten food throughout kitchen
   - ⚪ 3 = Large quantity of moldy or rotten food in kitchen and elsewhere

3. Dirty or clogged sink
   - ⚪ 0 = Sink empty and clean
   - ⚪ 1 = A few dirty dishes with water in sink
   - ⚪ 2 = Sink full of water, possibly clogged
   - ⚪ 3 = Sink clogged with evidence that it has overflowed onto counters, etc.

4. Standing water (in sink, tub, other container, basement, etc.)
   - ⚪ 0 = No standing water
   - ⚪ 1 = Some water in sink/tub
   - ⚪ 2 = Water in several places, especially if dirty
   - ⚪ 3 = Water in numerous places, especially if dirty

5. Human/animal waste/vomit
   - ⚪ 0 = No human waste, animal waste, or vomit visible
   - ⚪ 1 = No human waste or vomit; no animal waste or vomit outside cage or box
   - ⚪ 2 = Some animal or human waste or vomit visible (for example, in unflushed toilet)
   - ⚪ 3 = Animal or human waste or vomit on floors or other surfaces

6. Mildew or mold
   - ⚪ 0 = No mildew or mold detectable
   - ⚪ 1 = Small amount of mildew or mold in limited amounts and expected places (for example, on edge of shower curtain or refrigerator seal)
   - ⚪ 2 = Considerable, noticeable mildew or mold
   - ⚪ 3 = Widespread mildew or mold on most surfaces

7. Dirty food containers
   - ⚪ 0 = All dishes washed and put away
   - ⚪ 1 = A few unwashed dishes
   - ⚪ 2 = Many unwashed dishes
   - ⚪ 3 = Almost all dishes are unwashed

8. Dirty surfaces (floors, walls, furniture, etc.)
- ○ 0 = Surfaces completely clean
- ○ 1= A few spills, some dirt or grime
- ○ 2 = More than a few spills, may be a thin covering of dirt or grime in living areas
- ○ 3= No surface is clean; dirt or grime covers everything

9. Piles of dirty or contaminated objects (bathroom tissue, hair, toilet paper, sanitary products, etc.)
- ○ 0 = No dirty or contaminated objects on floors, surfaces, etc.
- ○ 1= Some dirty or contaminated objects present around trash cans or toilets
- ○ 2 = Many dirty or contaminated objects fill bathroom or area around trash cans
- ○ 3= Dirty or contaminated objects cover the floors and surfaces in most rooms

10. Insects
- ○ 0 = No insects are visible
- ○ 1= A few insects visible; cobwebs and/or insect droppings present
- ○ 2 = Many insects and droppings are visible; cobwebs in corners
- ○ 3= Swarms of insects; high volume of droppings; many cobwebs on household items

11. Dirty clothes
- ○ 0 = Dirty clothes placed in hamper; none are lying around
- ○ 1= Hamper is full; a few dirty clothes lying around
- ○ 2 = Hamper is overflowing; many dirty clothes lying around
- ○ 3= Clothes cover the floor and many other surfaces (bed, chairs, etc.)

12. Dirty bed sheets/linens
- ○ 0 = Bed coverings very clean
- ○ 1= Bed coverings relatively clean
- ○ 2 = Bed coverings dirty and in need of washing
- ○ 3= Bed coverings very dirty and soiled

13. Odor of house
- ○ 0 = No odor
- ○ 1= Slight odor
- ○ 2 = Moderate odor; may be strong in some parts of house
- ○ 3= Strong odor throughout house

During the last month, how often did you (or someone in your home) do each of the following activities?

14. Do the dishes
- ○ 0 = Daily or every 2 days; 15 to 30 times per month
- ○ 1= 1-2 times a week; 4 to 10 times per month
- ○ 3= Every other week; 2 to 3 times per month
- ○ 3= Rarely; 0 times per month

15. Clean the bathroom
- ○ 0 = Daily or every 2 days; more than 10 times per month
- ○ 1= 1-2 times a week; 4 to 10 times per month
- ○ 2 = Every other week; 2 to 3 times per month
- ○ 3= Never; 0 times per month

A score of 2 or above on any question warrants attention.

Rasmussen, Steketee, Frost, & Tolin (in press).