

The Warm Line Service is a prevention-based outreach service for individuals that are referred to the program. The program provides support to active clients between the hours of 5pm-10pm.

All of the volunteers are trained to provide the following:

- Medication Reminder
- Crisis Support
- Check – In
- Suicide Support
- Loneliness
- Short Term Support

## How This Works

1. The client and their primary worker will fill out and complete all sections of the Warm Line Referral form.
2. Once the form has been completed and signed by both the client and the primary worker, please fax the referral form to Developmental Services of Leeds and Grenville at 613-345-1394 or email to Kendra or Katie at the email address below. Please note: if you can not obtain a signature from the client please state **Verbal Consent Given**
3. The Volunteer Coordinators will sign and return the form to the primary worker for their records.

If you have any questions please don't hesitate to reach out.

Volunteer Coordinator contact information

Kendra Noseworthy  
[knoseworthy@dslg.ca](mailto:knoseworthy@dslg.ca)  
613-345-1290 ext. 122

Kate Holmes  
[kholmes@dslg.ca](mailto:kholmes@dslg.ca)  
613-345-1290 ext. 163

<b>Client Contact Information</b>	
Date Referred:	
Name:	Phone:
Address:	
Emergency Contact Name:	Phone:
Referral Service:	
<b>Primary Worker Contact Information</b>	
Primary Worker:	
Work Phone:	Fax:
Email:	
<b>Client History</b>	
Physical Health:	
Mental Health:	
Signs of escalation towards crisis if known:	
<b>Clients Needs</b>	
Purpose of call:	
Number of calls requested per week:	Days requested:
Preferred time of call (between 5-10pm):	
Can we leave a voicemail?	Can a message be left with someone else?

## Please review with Clients

1. Calls made to the client at the specified time may vary a little depending on the call(s) received to the line.
2. If there is a significant change in circumstances i.e. hospital, moving, change of phone number please let us know, if possible.
3. If a client is having active thoughts of suicide and does not answer the phone for 2 consecutive calls, the volunteer coordinators will contact their primary worker or emergency contact to ensure the safety of the client.
4. If the client does not answer the phone for 7 scheduled calls, the volunteer coordinator will contact their primary worker or emergency contact to ensure safety.
5. If a client has not answered their call over a period of one month, and the volunteer coordinators have attempted to contact the primary worker or 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 of availability.

## Disclaimer

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

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

Primary Worker Signature: \_\_\_\_\_

Volunteer Coordinators Signature: \_\_\_\_\_