

**TeleCheck**

What is TeleCheck

TeleCheck is a free telephone service provided to individuals residing in the Halton Region and Hamilton Region.

What We Do

Provide a proactive approach to mental health support. Caring connections offered by our volunteers instill a sense of hope and belonging, enhancing an individual’s capacity to cope with any stressors one may be experiencing.

Scheduled phone calls are made to individuals who:

1. experience isolation and would benefit from a social connection
2. may choose to share any challenges, conflict, concerns
3. would benefit from gentle medication reminders
4. need temporary caregiver relief

Calls are made Monday to Friday between 9am to 5pm.

Calls can be made once a week, several times a week, or daily.

Calls are up to 10 minutes in duration.

TeleCheck is not time limited. Cancel anytime or stop and restart as needed.

Referrals to other community resources can be suggested as per an individual’s request.

Confidentiality

Privacy is very important to us. All calls are confidential.

Trained Volunteers

Distress Centre Halton trained volunteers place the TeleCheck calls.

**For any questions, please contact:**

Kathleen Legaspi

Senior Manager, TeleCheck

905-849-4559 x 104 or [kathleen@dchalton.ca](mailto:kathleen@dchalton.ca)



**TeleCheck Referral Form**

**Email**: [kathleen@dchalton.ca](mailto:kathleen@dchalton.ca)

**Fax:** 905-849-7569

**Attn:** Senior Manager, TeleCheck

**Client Information:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number to Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate Number (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TeleCheck Call Information (circle all applicable):**

1. **Reason for Referral:**

Feeling Isolated Medication Reminder Caregiver Relief

1. **Have you recently been discharged from an emergency department?** Yes No
2. **Have you recently been discharged from a hospital inpatient unit?** Yes No
3. **Do you currently live alone?** Yes No
4. **Is it okay to leave a voice mail?** Yes No
5. **Is it okay to leave a message with someone other than the client?** Yes No
6. **I’d like to receive phone calls from TeleCheck on the following days:** Mon/Tu/Wed/Th/Fri
7. **I’d like to receive a call between 9am to 5pm**: Yes No **Preferred time:**\_\_­­­­­\_\_\_\_\_\_\_\_\_\_

9**. Any notes to help understand the individual’s situation (ie medical issues and diagnosis, family dynamics, interests, hobbies, other community support involvement):**

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