

INITIAL INTAKE FORM/INFORMATION UPDATE

DATE: _____

REFEREED BY: _____

*DATE OF BIRTH: (YEAR/MONTH/DAY) _____



1. FULL NAME OF INDIVIDUAL REQUESTING SERVICES:

2. PHONE NUMBER/EMAIL: _____

3. ADDRESS (if you have no fixed address please skip)

STREET NAME & #: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

4. HOUSING TYPE:

Band Owned		Emergency Shelter		On the Street	
Own Home		Private Rental		Rooming House	
Social Rental Housing		With Family/Friends		Group Home/Youth Shelter	
Other					

5. LANGUAGES SPOKEN/PREFERRED LANGUAGE OF COMMUNICATION: _____

6. ETHNICITY:

Arab		Black		Chinese	
Filipino		East Indian, Pakistan, Sri Lankan		Iranian	
Vietnamese, Cambodian, Laotian, Thai		Indigenous		Japanese	
Latin American		Other		White	

7. IN CANADA 10 YEARS OR LESS: YES OR NO

8. DO YOU HAVE DISABILITIES YOU WOULD LIKE TO SHARE WITH US? YES / PREFER NOT TO ANSWER

9. ALL HOUSEHOLD MEMBERS:

NAME (First, Last)	RELATIONSHIP (child, sibling, parent, etc.)	GENDER (Male, Female, Transgender, Other)	AGE	DATE OF BIRTH (year/month/day)

10. HIGHEST LEVEL OF EDUCATION: _____

11. SOURCE OF INCOME:

Employment Insurance Income		No Income	
Social Assistance (Welfare)		Canada Recovery Benefit (CRB)	
Disability Related Benefits		Canada Recovery Sickness Benefits (CRSB)	
Old Age Pension		Canada Worker Lockdown Benefit (CWLB)	
Student Loans/Scholarship		Other	
Canada Child Benefits		Unknown	

12. Reasoning for Visiting:

Cost of Housing		Sickness/Medical Expense	
Cost of Utilities (Hydro, Heat, Gas Water)		Debt	
Cost of food		Natural Disaster	
Delayed Wages		Family Breakup	
Low Wages/Not Enough Hours		Unexpected Expense	
Unemployed/Recently Lost Job		Prefer Not to Answer	
Benefit/Social Assistance Changes		Other	
Relocation (Immigration/Moving)			