**COUPLES PARTICIPANT INTAKE FORM**

**Home**  **Office Over the phone**

**Assigned cleaning company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CONFIDENTIAL

**Date of First Intake: \_\_\_\_\_\_\_\_\_\_\_\_**

*mm/dd/yyyy*

|  |  |
| --- | --- |
| **CONTACT INFORMATION** | |
| Last Name/Family name: | First Name/Given name: |
| Prefers to be known as: | Title: Miss Ms. Mrs. Mr. Dr. Other |
| Marital Status: Married Widowed Divorced Separated Single | |
| Birthdate: \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_  *Month Day Year* | Gender: Male Female Transgender  Or please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SPOUSE INFORMATION** | |
| Last Name/Family name: | First Name/Given name: |
| Prefers to be known as: | Title: Miss Ms. Mrs. Mr. Dr. Other |
| Marital Status: Married Widowed Divorced Separated Single | |
| Birthdate: \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_  *Month Day Year* | Gender: Male Female Transgender  Or please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Buzzer #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Phone (s) : Home: Cell: | |
| Can message be left in any of those numbers? | Yes No  Notes: |
| **1- Emergency Contact Information** | |
| Name: | |
| Relationship to the person: | |
| Phone (s) : Home: Cell: Work: | |
| **2- Emergency Contact Information** | |
| Name: | |
| Relationship to the person: | |
| Phone (s) : Home: Cell: Work: | |
| **ADDITIONAL PERSONAL INFORMATION** | |
| Living Situation: Living Alone Not Living Alone Unknown | |
| Does the household contain any pets: Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, type of pet: | |
| Type of Housing: Detached House Townhouse Duplex Mobile Home Apartment  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name of other household member (s): | |
| Language spoken at home: | Other language(s) spoken: |
| Ethnicity: | |
| Physical Considerations:  Uses a cane Deaf/hard of hearing   Uses a walker  Blind/visually impaired   Uses a wheelchair Life line device   Other please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Do you consider yourself a homebound person? Yes No  If response is affirmative and there are any reasons why please describe: | |
| Do you access other government funded services apart from Better at Home? Yes No | |
| **Source of Referral** | |
|  Self-referral  CHW/Nurse (HA) Pls. write name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Friend/Family  Host Org/Agency   Doctor/Nurse  Newspaper   Other please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referral Notes: | |
| **Income Verification and Fee Category** | |
| Annual Household Income Verbally Provided : Yes No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Assessed Fee Category: | |
| Actual Fee Category: | |
| Fee Category Exception: | |
| |  |  |  | | --- | --- | --- | | **Single income** | **Couple/Household Income** | **Category** | | Below $18,021 | Below $27,461 | A | | $18,022- $22,311 | $27,462 - $33,349 | B1 | | $22,312 - $25,957 | $33,350 - $38,777 | B2 | | $25,958 - $41,499 | $38,778 - $83,399 | C | | Over $41,500 | Over $83,400 | D | |  |  |  | | |
| **Client Consent to Collection and Use of Personal Information** | |
| I hereby consent to give personal information including my address, birth date, phone number, income, living situation and, where applicable, my credit card information to SHARE Family and Community Services. I understand that this information will be entered in an electronic database used by the Tri-Cities Better At Home Program in providing me with and/or referring me to appropriate services. I further understand that some or all of the information may be shared with Tri-Cities Better At Home volunteers or contractors. Only in case of an emergency we will contact emergency responders. | |
| **Safety** | |
| Everyone’s safety is very important to the program. The Tri-Cities Better at Home will treat everyone with dignity and respect regardless of race, ethnicity, language, religion, marital status, gender, age, disability, sexual orientation, political affiliation, or economic status.  SHARE clients, program staff, volunteers and housekeepers have the right to expect an environment that is safe and free from any form of abuse. They have the right to refuse to deliver Better at Home services when they feel that their work place is unsafe. | |
| Please sign below to indicate that you have read and that you agree to the terms outlined above. | |
| Signature of senior: | Date: |
| Signature of spouse: | Date: |
| Assessment completed by: | Date: |
| Signature: | |
| Better at Home Program funded by BC Ministry of Health | |

**PAYMENT**

**Do you have an e-mail address where we can e-mail bills? Please write it below:**

**What is your preferred method of payment?**

** Credit Card (OVER THE PHONE)**

** Credit Card automatic withdraws. Please write information below:**

** Cheque**

** Debit (IN OFFICE ONLY)**

** Cash (IN OFFICE ONLY)**

**Notes for volunteers and housekeeping companies:**