

SINGLE PARTICIPANT INTAKE FORM

Home Office Over the phone

Assigned cleaning company _____

Date of First Intake: _____
mm/dd/yyyy

CONFIDENTIAL

CONTACT INFORMATION	
Last Name/Family name:	First Name/Given name:
Prefers to be known as:	Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single	
Birthdate: ____ / ____ / ____ <i>Month Day Year</i>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Or please specify: _____
Address: _____ Buzzer # _____	
City: _____ Postal Code: _____	
Phone (s) : Home:	Cell:
Can message be left in any of those numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Living Alone <input type="checkbox"/> Not Living Alone <input type="checkbox"/> Unknown	
Does the household contain any pets: Yes _____ No _____	
If yes, type of pet:	
Type of Housing: <input type="checkbox"/> Detached House <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____	
Name of other household member (s):	
Language spoken at home:	Other language(s) spoken:
Ethnicity:	
Physical Considerations: <input type="checkbox"/> Uses a cane <input type="checkbox"/> Deaf/hard of hearing <input type="checkbox"/> Uses a walker <input type="checkbox"/> Blind/visually impaired <input type="checkbox"/> Uses a wheelchair <input type="checkbox"/> Life line device <input type="checkbox"/> Other please specify _____	
Do you consider yourself a homebound person? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Source of Referral	
<input type="checkbox"/> Self-referral <input type="checkbox"/> CHW/Nurse (HA) Pls. write name: _____ <input type="checkbox"/> Friend/Family <input type="checkbox"/> Host Org/Agency <input type="checkbox"/> Doctor/Nurse <input type="checkbox"/> Newspaper <input type="checkbox"/> Other please specify _____	
Referral Notes:	

Income Verification and Fee Category		
Annual Household Income Verbally Provided : <input type="checkbox"/> Yes <input type="checkbox"/> 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		
<p>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.</p>		
Safety		
<p>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.</p>		
Please sign below to indicate that you have read and that you agree to the terms outlined above.		
Signature of the senior:	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: