



SINGLE PARTICIPANT INTAKE FORM

Registration Comple	ted via:					
□ Home	□ Office		Over the phone	!	□ Over e	-mail
Service Requested:						
☐ Housekeeping		□ Gro	cery Shopping		☐ Friendl	y Visits
☐ Transp. to medica	al appoint.	□ Mi	nor Home Repai	r	☐ Food S	upport
Date of First Intake:						
					CONFIDENTIAL	
Assigned cleaning co	<u> </u>					
CONTACT INFORMA	ATION					
Last Name/Family nar	me:	F	irst Name/Given r	name	:	
Prefers to be known as:		Т	Title: ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.			
			Other			
Marital Status:	Married \Box	Widowed	□Divorced		Separated	□Single
Birthdate: / Month			Gender: □ Ma □ Or please specif			·
Address						
Address:						
Buzzer#						
City: Postal Code:						
Phone (s): Home:			Cell:			
Can message be left in	n any of those i	numbers?		⁄es	□ No	
			Notes:			
E-mail:						

Last Update: April 2023





1- Emergency Contact Informat	tion			
Name:				
Relationship to the person:				
Phone (s): Home:	С	ell:	Work:	
E-mail:				
Notes:				
2- Emergency Contact Informat	tion			
Name:				
Relationship to the person:				
Phone (s): Home:	C	ell:	Work:	
E-mail:				
Notes:				
ADDITIONAL PERSONAL INFOR	MATION			
Living Situation:	☐ Living Alo	ne 🗆 Not Liv	ing Alone	Unknown
Are there any issues of hoarding: Please describe:	□Ye	s □No		
Does the household contain any p	ets: 🗆 Ye	s 🗆 No		
If yes, type of pet:				
Type of Housing: ☐ Detached House ☐ Townhouse ☐ Duplex ☐ Mobile Home ☐ Apartment ☐ Other				
Name of other household member	r (s):			
Language spoken at home:		Other language(s	s) spoken:	
Ethnicity:				

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Physical Considerations:				
Uses a cane			☐ Deaf/hard of hearing	
☐ Uses a walker			□ Blind/visually impaired	
☐ Uses a wheelchair			☐ Life line device	
$\ \square$ Memory loss - Diagnosed with	Dementia or	Alzheimer		
Mental Health pls, describe:				
Other please specify:				
Do you consider yourself a home	bound person?	Yes 🗆	No	
If response is affirmative and there are any reasons why, please describe:				
Are you accessing any other Frase	r Health Authority's	support servi	ces ? 🗆 No 💮 If yes, please	
describe what type of services you are accessing.				
Source of Referral				
☐ Self-referral ☐ CHW/N	Nurse (HA) Pls. write	name:		
	rg/Agency			
Doctor/Nurse Newspaper				
Other please specify				
Referral Notes:				
Income Verification and Fee Category (Amount reported on line 15000 from participant's CRA 2022 Notice of Assessment)				
Annual Household Income Verbally Provided: ☐ Yes ☐ No \$				
Assessed Fee Category:				
Actual Fee Category:				
Fee Category Exception:				
Single income	Couple/Househ	old Income	Category	
\$20,600 or below	\$31,350 or below		A	
\$20,601-\$29,100	\$31,351-\$4	14,055	B1	
\$29,102-\$35,000	\$44,056-\$60,455		B2	
\$35,001-\$46,599	\$60,456-\$9	93,199	С	
Over \$46,600	Over \$93,200		D	

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Payment Information
How would you like to receive your invoice?
Via E-mail
This e-mail address belongs to: Me or Other. Please specify Via Canada Post
What is your preferred method of payment?
Credit Card (OVER THE PHONE) Credit Card automatic withdraws. Please call us to provide the following information:
Name on the credit card: Credit Card no Expiry date 3-digit security no. at the back:
Cheque
Debit (IN OFFICE ONLY)
Cash (IN OFFICE ONLY)
Notes for staff / housekeepers/volunteers or any additional information:

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Consent

Do you consent to provide your personal information including address, phone number, living situation and, where applicable, your credit card information to SHARE Family and Community Services? YES NO

IMPORTANT (Please explain to the senior):

- 1. This information will be entered in an electronic database used by SHARE's Better at Home program in providing you with and/or referring you to appropriate services. Some or all of the information may be shared with SHARE volunteers or contractors. Only in case of an emergency we will contact emergency responders.
- 2. Everyone's safety is very important to the program. SHARE treats everyone with dignity and respect regardless of race, ethnicity, language, religion, marital status, gender, age, disability, sexual orientation, political affiliation, or economic status.
- 3. If dissatisfied about the service they receive or if they feel their rights are not being respected, program participants have the right to complain. Making a complaint will not result in any barriers to service.
- 4. Program participants have the right to refuse or terminate the service if they feel unsafe.
- 5. SHARE program staff, volunteers and housekeepers have the right to refuse to deliver service when they feel that their work place is unsafe.
- 6. A welcome and orientation package will be mailed to the senior.

Signature/Verbal Consent of Senior	Date
Name of SHARE Staff / Volunteer	Date
	Better at Home Program funded by BC Ministry of Health

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