



COUPLE PARTICIPANT INTAKE FORM

Registration Completed via:				
☐ Home	□ Office		☐ Over the phone	☐ Over e-mail
Service Requested:				
☐ Housekeeping			Grocery Shopping	☐ Friendly Visits
\square Transp. to medica	l appoint.		Minor Home Repair	☐ Food Support
Date of First Intak	e:		_	
mm/dd/yyyy Assigned cleaning company			CONFIDENTIAL	
CONTACT INFORMA				
Last Name/Family nam	ne:		First Name/Given name:	
Prefers to be known a	s:		Title: □Miss □Ms. □	Mrs. □Mr. □Dr. □Other
Marital Status:	Married \Box	Widov	ved □ Divorced □ S	Separated Single
Birthdate: / Month		ear	Gender: ☐ Male ☐ Or please specify:	•
E-mail:			<u> </u>	
SPOUSE INFORMAT	ION			
Last Name/Family nam	ne:		First Name/Given name:	
Prefers to be known a	s:		Title: □Miss □Ms. □	Mrs. □Mr. □Dr. □Other
Marital Status:	Married \square	l Widov	ved Divorced D	Separated □ Single
Birthdate:/ Month		 ear	Gender: ☐ Male ☐ Or please specify:	•

Last Update: April 2023





E-mail:				
Address:				
Buzzer#				
City:		Postal Code:		
Phone (s): Home:	Cell:			
Can message be left in any of those	□Yes	□ No	Notes:	
numbers?				
1- Emergency Contact Information				
Name:				
Relationship to the person:				
Phone (s): Home:	Cell:		Work:	:
E-mail:				
Notes:				
2- Emergency Contact Information				
Name:				
Relationship to the person:				
Phone (s): Home:	Cell:		Work:	:
E-mail:				
Notes:				
ADDITIONAL PERSONAL INFORMAT	ION			
Living Situation: □ Liv	ing Alone	□ Not Living Alo	ne	□Unknown
Are there any issues of hoarding: Please describe:	□Yes	□No		

Last Update: April 2023

2





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 analysis at homes.				
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				
☐ Memory loss - Diagnosed with ☐ Dementia or ☐ Alzheimer.				
☐ Mental Health: pls, describe				
□Other please specify				
— Other please specify				
Do you consider yourself a homebound person? \square Yes \square No				
If response is affirmative and there are any reasons why, please describe:				
Are you accessing any other Fraser Health Authority's support services? ☐ Yes ☐ No				
If yes, please describe what type of services you are accessing.				
in yes, pieuse aesenbe what type of services you are accessing.				
Source of Referral				
☐ Self-referral ☐ CHW/Nurse (HA) Pls. write name:				
☐ Self-referral ☐ CHW/Nurse (HA) Pls. write name: ☐ Friend/Family ☐ Host Org/Agency				
□ Doctor/Nurse □ Newspaper				
☐ Other please specify				
Referral Notes:				

Last Update: April 2023





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/Household Income	Category		
\$20,600 or below	\$31,350 or below	Α		
\$20,601-\$29,100	\$31,351-\$44,055	B1		
\$29,102-\$35,000	\$44,056-\$60,455	B2		
\$35,001-\$46,599	\$60,456-\$93,199	С		
Over \$46,600	Over \$93,200	D		
Payment Information				
How would you like to receiv	e 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)				

Last Update: April 2023





Notes for staff / housekeepers/volunteers or any additional information:



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				
IMPOR	TANT (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.	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.			
Signatı	ure/Verbal Consent of Senior Date			
Signature/Verbal Consent of Spouse Date				
Name of SHARE Staff / Volunteer Date				
	Better at Home Program funded by BC Ministry of Health			

6