

## SINGLE PARTICIPANT INTAKE FORM

**Registration Completed via:**

**Home**

**Office**

**Over the phone**

**Over e-mail**

**Service Requested:**

**Housekeeping**

**Grocery Shopping**

**Friendly Visits**

**Transp. to medical appoint.**

**Food Support**

**Date of First Intake:** \_\_\_\_\_  
*mm/dd/yyyy*

**CONFIDENTIAL**

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

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: ____ / ____ / ____ <div style="text-align: center; font-size: small;"><i>Month Day Year</i></div>	Gender: Male Female LGBTQ2S+ Or please specify: _____
Address: _____	
Buzzer# _____	
City: _____ Postal Code: _____	
Phone (s): Home: _____ Cell: _____	
Can message be left in any of those numbers?	Yes No
	Notes:
E-mail:	

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 INFORMATION			
Living Situation:	Living Alone	Not Living Alone	Unknown
Are there any issues of hoarding: Please describe:	Yes	No	
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:			

<b>Physical Considerations:</b> Uses a cane Uses a walker Uses a wheelchair Memory loss - Diagnosed with          Dementia    or    Alzheimer  Mental Health: pls, describe:  Other please specify:			Deaf/hard of hearing Blind/visually impaired Lifeline device
Do you consider yourself a homebound person?      Yes          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.			
<b>Source of Referral</b>			
Self-referral Friend/Family Doctor/Nurse	CHW/Nurse (HA) Pls. write name: _____ Host Org/Agency Newspaper Other please specify _____	Referral Notes:	
<b>Income Verification and Fee Category (Amount reported on line 15000 from participant's CRA 2023 Notice of Assessment)</b>			
Annual Household Income Verbally Provided:      Yes      No    \$ _____			
Assessed Fee Category:			
Actual Fee Category:			
Fee Category Exception:			
<b>Single income</b>	<b>Couple/Household Income</b>	<b>Category</b>	
\$22,250 or below	\$34,250 or below	A	
\$22,251 - \$30,066	\$34,251 - \$55,132	B1	
\$30,067 - \$37,883	\$55,133 - \$76,016	B2	
\$37,884 - \$45,699	\$76,017 - \$96,899	C	
Over \$45,700	Over \$96,900	D	

## 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/Cash (IN OFFICE ONLY)

E-Transfer ([sharereceivables@sharesociety.ca](mailto:sharereceivables@sharesociety.ca))

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

**Consent**

I consent to provide my personal information including address, phone number, living situation and, where applicable, your credit card information to SHARE Family and Community Services.

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. Only necessary 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 workplace is unsafe.
6. A welcome and orientation package will be mailed to you. The orientation package will include policies and procedures of the Tri Cities Better at Home, your rights and responsibilities, and complaint procedure.
7. If you have any questions about the information in the welcome and orientation package, please do not hesitate to contact us.

Signature/Verbal Consent of Senior \_\_\_\_\_ Date: \_\_\_\_\_

Name of SHARE Staff / Volunteer \_\_\_\_\_ Date: \_\_\_\_\_