SHARE
FAMILY & COMMUNITY SERVICES

United Way British Columbia | Working with communities in BC's Interior, Lower Mainland, Central & Northern Vancouver Island

COUPLE 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 Bank Hamper Delivery**

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: _____ /_____ / _____ *Month Day Year*	Gender: Male Female LGBTQ2S+ Or please specify: _____
E-mail:	
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 LGBTQ2S+ Or please specify: _____

E-mail:		
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:
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: Yes No Please describe:		

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
Uses a walker
Uses a wheelchair
Deaf/hard of hearing
Blind/visually impaired
Lifeline device
Memory loss - Diagnosed with Dementia or Alzheimer.

Mental Health: pls, describe_____

Other please specify _____

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.

Source of Referral

Self-referral
Friend/Family
Doctor/Nurse
CHW/Nurse (HA) Pls. write name: _____
Host Org/Agency
Newspaper
Other please specify _____

Referral Notes:

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Income Verification and Fee Category (Amount reported on line 15000 from participant's CRA 2024 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
$23,840 or below	$37,560 or below	A
$23,841 – $32,427	$37,560 – $59,740	B1
$32,428–$41,014	$59,741 – $81,920	B2
$41,015- $49,599	$81,921– $104,099	C
Over $49,600	Over $104,100	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: _____

E-transfer at sharereceivables@sharesoceity.ca

Debit (IN OFFICE ONLY)

Cash (IN OFFICE ONLY)

Cheque

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

Consent

I consent to the collection and use of my personal information, including my address, phone number, email address, living situation, and, where applicable, my credit card information, by SHARE Family and Community Services. Where applicable, I consent to sharing my personal information with third party providers, including but not limited to online food delivery services such as: Uber, Uber Eats, Lyft, Amazon, Skip the Dishes, and similar platforms, as needed.

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 _____

Signature/Verbal Consent of Spouse _____ Date _____

Name of SHARE Staff / Volunteer _____ Date _____