

SINGLE PARTICIPANT INTAKE FORM

Registration Completed via:

Home

Office

Over the phone

Over e-mail

Service Requested:

Housekeeping

Transp. to medical appoint.

Grocery Shopping

Food Bank Hamper Delivery

Friendly Visits

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: _____
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:	Yes	No		
Please describe:				
Does the household contain any pets:	Yes	No		
If yes, type of pet:				
Type of Housing:	Detached House Other	Townhouse Duplex	Mobile Home	Apartment
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 the 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:					
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@sharesociety.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: _____

Name of SHARE Staff / Volunteer _____

Date _____