**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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 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 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  Deaf/hard of hearing   Uses a walker  Blind/visually impaired   Uses a wheelchair  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  CHW/Nurse (HA) Pls. write name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Friend/Family  Host Org/Agency   Doctor/Nurse  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@sharesoceity.ca**](mailto: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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |