**COUPLES PARTICIPANT INTAKE FORM**

 **Better at Home registration Quick Service registration**

 **Home**  **Office Over the phone Over e-mail**

 **HK**  **GS FV TS MHR FS**

**Assigned cleaning company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wait listed for housekeeping**

CONFIDENTIAL

ENTIAL

**Date of First Intake: \_\_\_\_\_\_\_\_\_\_\_\_**

*mm/dd/yyyy*

|  |
| --- |
| **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 Transgender Or please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 Transgender Or please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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:  |
| **2- Emergency Contact Information** |
| Name: |
| Relationship to the person: |
| Phone (s) : Home: Cell: Work:  |
| **ADDITIONAL PERSONAL INFORMATION** |
| Living Situation: Living Alone Not Living Alone Unknown  |
| 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 Life line device  Other please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you consider yourself a homebound person? Yes NoIf response is affirmative and there are any reasons why please describe: |
| Do you access other government funded services apart from Better at Home? Yes No |
| **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 150 from participant’s CRA 2019 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** |
|  $18,360 or below | $27,960 or below | A |
| $18,361- $21,650 | $27,961 - $32,849 | B1 |
| $21,651 - $25,299 | $32,850 - $38,279 | B2 |
| $25,300 - $41,500 | $38,280 - $83,400 | C |
| Over $41,500 | Over $83,400 | D |
|  |  |  |

 |
|  **Payment Information** |
| **Do you have an e-mail address where we can e-mail bills? Please write it below:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Do you prefer that we mail you invoices?** Yes No**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)** 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**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. 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. 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.

 Signature/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 |