

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

Date of First Intake: ____/____/_____
mm/dd/yyyy

CONFIDENTIAL

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 No		
If 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
\$18,415 or below	\$28,050 or below	A
\$18,416- \$22,225	\$28,051 - \$33,750	B1
\$22,226 - \$26,100	\$33,751 - \$39,400	B2
\$26,101 - \$43,299	\$39,401 - \$88,199	C
Over \$43,300	Over \$88,200	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 _____
mm/dd/yyyy

Signature/Verbal Consent of Spouse _____ Date _____
mm/dd/yyyy

Name of SHARE Staff / Volunteer _____ Date _____
mm/dd/yyyy

Better at Home Program funded by BC Ministry of Health