

SINGLE 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: _____ / _____ / _____ <i>Month Day Year</i>	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:	Deaf/hard of hearing Blind/visually impaired Life line device
Uses a cane Uses a walker Uses a wheelchair 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 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

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

Better at Home Program funded by BC Ministry of Health