

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: <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single	
Birthdate: _____ / _____ / _____ <i>Month Day Year</i>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Or please specify: _____
Address: _____ Buzzer# _____	
City: _____ Postal Code: _____	
Phone (s): Home: _____	Cell: _____
Can message be left in any of those numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Living Alone <input type="checkbox"/> Not Living Alone <input type="checkbox"/> Unknown	
Does the household contain any pets: Yes _____ No _____	
If yes, type of pet:	
Type of Housing: <input type="checkbox"/> Detached House <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____	
Name of other household member (s):	
Language spoken at home:	Other language(s) spoken:
Ethnicity:	
Physical Considerations: <input type="checkbox"/> Uses a cane <input type="checkbox"/> Deaf/hard of hearing <input type="checkbox"/> Uses a walker <input type="checkbox"/> Blind/visually impaired <input type="checkbox"/> Uses a wheelchair <input type="checkbox"/> Life line device <input type="checkbox"/> Other please specify _____	
Do you consider yourself a homebound person? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Source of Referral	
<input type="checkbox"/> Self-referral <input type="checkbox"/> CHW/Nurse (HA) Pls. write name: _____ <input type="checkbox"/> Friend/Family <input type="checkbox"/> Host Org/Agency <input type="checkbox"/> Doctor/Nurse <input type="checkbox"/> Newspaper <input type="checkbox"/> 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 _____

Name of SHARE Staff / Volunteer _____ Date _____