

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:	<input type="checkbox"/> Living Alone <input type="checkbox"/> Not Living Alone <input type="checkbox"/> Unknown
Are there any issues of hoarding:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe:	
Does the household contain any pets:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	

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: _____

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 _____

Better at Home Program funded by BC Ministry of Health