

## COUPLE PARTICIPANT INTAKE FORM

**Registration Completed via:**

- Home
  Office
  Over the phone
  Over e-mail

**Service Requested:**

- Housekeeping
  Grocery Shopping
  Friendly Visits  
 Transp. to medical appoint.
  Minor Home Repair
  Food Support

**Date of First Intake:** \_\_\_\_\_  
*mm/dd/yyyy*

**CONFIDENTIAL**

**Assigned cleaning company** \_\_\_\_\_

| 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: _____ / _____ / _____<br><i>Month Day Year</i>  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ2S+<br><input type="checkbox"/> Or please specify: _____                             |
| E-mail:  |  |
| SPOUSE 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: _____ / _____ / _____<br><i>Month Day Year</i>  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ2S+<br><input type="checkbox"/> Or please specify: _____                             |

|  |  |  |
|--|--|--|
| E-mail: _____                                |  |  |
| 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: _____   |
| <b>1- Emergency Contact Information</b>      |  |  |
| Name: _____                                  |  |  |
| Relationship to the person: _____            |  |  |
| Phone (s): Home: _____                       | Cell: _____  | Work: _____  |
| E-mail: _____                                |  |  |
| Notes: _____                                 |  |  |
| <b>2- Emergency Contact Information</b>      |  |  |
| Name: _____                                  |  |  |
| Relationship to the person: _____            |  |  |
| Phone (s): Home: _____                       | Cell: _____  | Work: _____  |
| E-mail: _____                                |  |  |
| Notes: _____                                 |  |  |
| <b>ADDITIONAL PERSONAL INFORMATION</b>       |  |  |
| 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: _____                       |  |  |



**Income Verification and Fee Category (Amount reported on line 15000 from participant's CRA 2022 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 |
|-------------------|-------------------------|----------|
| \$20,600 or below | \$31,350 or below       | A        |
| \$20,601-\$29,100 | \$31,351-\$44,055       | B1       |
| \$29,102-\$35,000 | \$44,056-\$60,455       | B2       |
| \$35,001-\$46,599 | \$60,456-\$93,199       | C        |
| Over \$46,600     | Over \$93,200           | D        |

**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 \_\_\_\_\_

Signature/Verbal Consent of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Name of SHARE Staff / Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Better at Home Program funded by BC Ministry of Health