

SINGLE 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: _____ / _____ / _____ <i>Month Day Year</i>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ2S+ <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:
E-mail:	

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:	

Physical Considerations:

Uses a cane
 Uses a walker
 Uses a wheelchair
 Memory loss - Diagnosed with Dementia or Alzheimer.

Deaf/hard of hearing
 Blind/visually impaired
 Life line device

Mental Health: pls, describe _____
 Other please specify _____

Do you consider yourself a homebound person? Yes No

If response is affirmative and there are any reasons why, please describe:

Are you accessing any other Fraser Health Authority's support services ? No If yes, please describe what type of services you are accessing.

Source of Referral

Self-referral
 Friend/Family
 Doctor/Nurse

CHW/Nurse (HA) Pls. write name: _____
 Host Org/Agency
 Newspaper
 Other please specify _____

Referral Notes:

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 _____

Name of SHARE Staff / Volunteer _____ Date _____

Better at Home Program funded by BC Ministry of Health