

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.
 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: _____
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: _____ / _____ / _____ <i>Month Day Year</i>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ2S+ <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: _____
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:	
<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"/> Lifeline device
<input type="checkbox"/> Memory loss - Diagnosed with <input type="checkbox"/> Dementia or <input type="checkbox"/> Alzheimer.	
<input type="checkbox"/> Mental Health: pls, describe _____	
<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:	
Are you accessing any other Fraser Health Authority's support services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe what type of services you are accessing.	
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 15000 from participant's CRA 2023 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
\$22,250 or below	\$34,250 or below	A
\$22,251 - \$30,066	\$34,251 - \$55,132	B1
\$30,067 - \$37,883	\$55,133 - \$76,016	B2
\$37,884 - \$45,699	\$76,017 - \$96,899	C
Over \$45,700	Over \$96,900	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

I consent to provide my personal information including address, phone number, living situation and, where applicable, your credit card information to SHARE Family and Community Services.

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. Only necessary 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 workplace is unsafe.
6. A welcome and orientation package will be mailed to you. The orientation package will include policies and procedures of the Tri Cities Better at Home, your rights and responsibilities, and complaint procedure.
7. If you have any questions about the information in the welcome and orientation package, please do not hesitate to contact us.

Signature/Verbal Consent of Senior _____ Date _____

Signature/Verbal Consent of Spouse _____ Date _____

Name of SHARE Staff / Volunteer _____ Date _____