

## 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.
  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: _____ / _____ / _____ <div style="text-align: center; margin-top: 5px;"><i>Month          Day          Year</i></div>	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:	

<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:	
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  Deaf/hard of hearing  
 Uses a walker  Blind/visually impaired  
 Uses a wheelchair  Lifeline device  
 Memory loss - Diagnosed with  Dementia or  Alzheimer.

Mental Health: pls, describe \_\_\_\_\_

Other please specify \_\_\_\_\_

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Do you consider yourself a homebound person?  Yes  No

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

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Are you accessing any other Fraser Health Authority's support services?  Yes  No

If yes, please describe what type of services you are accessing.

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**Source of Referral**

Self-referral  CHW/Nurse (HA) Pls. write name: \_\_\_\_\_  
 Friend/Family  Host Org/Agency  
 Doctor/Nurse  Newspaper  
 Other please specify \_\_\_\_\_

Referral Notes:

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**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: \_\_\_\_\_

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

Date \_\_\_\_\_