



**Aboriginal Mother Centre Society
OUTREACH DEPARTMENT**

Consent to Release of Information

Name: _____
Last First Initial

DOB: ____/____/____ **Telephone:** _____ **Email:** _____
Day Month Year

Address: _____
Street Address City Postal Code

I hereby authorize all community, band & government agencies including physicians to release all information required to secure housing and maintain my well-being in the community.

To: Vancouver Aboriginal Transformative Justices Society
BC Housing
Ministry of Social Development
Vancouver Coastal Health, Women's Hospital
All housing shelter provided
Tribal band offices(s)
Other: _____

In consideration of this consent, I hereby release the above parties from any legal liability for the release of this information.

I understand that I may revoke this consent at any time by informing the above parties in writing.

Date: _____ Client: _____
Signature

ALL INFORMATION IS CONFIDENTIAL

**2019 Dundas Street, Vancouver BC V5L 1J5
Tel: 604.558.2627 Fax: 604.558.2628 Web: www.aboriginalmothercentre.ca**



Aboriginal Mother Centre Society OUTREACH DEPARTMENT

Intake Form

FAMILY NEEDS ASSESSMENT

How did you hear about our program?

Referred by:

Which Program? HPP__ Outreach__ HF__ Non-HF__ Rehoming__

Personal Information:

First

Last

Partner: _____ Age: _____ DOB: _____
Day/Month/Year

Children: _____ Age: _____ DOB: _____
Day/Month/Year

Children: _____ Age: _____ DOB: _____
Day/Month/Year

Children: _____ Age: _____ DOB: _____
Day/Month/Year

Children: _____ Age: _____ DOB: _____
Day/Month/Year

Identity:

Are you: _____ First Nations _____ Inuit _____ Metis _____ Other (specify) _____

Band/Nation _____ Address: _____

Veteran _____ Citizenship _____ Place of birth _____

Current Situation:

Have an apartment _____ evicted _____ couch-surfing _____ homeless _____ Shelter _____

Living with family _____ other _____ Current Rent \$ _____ TH _____ Hospital _____ Corrections _____

Income source:

Employment \$ _____ EI \$ _____ WCB \$ _____ Band \$ _____ OAS Pension \$ _____

CPP Pension \$ _____ CTB \$ _____ PWD \$ _____ No income _____

Employment: Working for: _____ Wage: _____ Start date: _____

Education Level: Highschool _____ Graduated _____ College _____ University _____

Do you qualify for Income assistance? Yes or No Do you need assistance applying? Yes or No

What type of housing do you need?

Room for rent ____ 3 Bedroom ____ 2 bedroom

Share Acc. ____ Bachelor ____ 1 Bedroom Other ____ what can you afford? \$ ____

Are you on a housing list:

Lu'ma ____ VNHS ____ BC Housing ____ Kekinow Housing ____

Other: _____

Are you accessing any other housing services?

VATJSS ____ VAFCS ____ DTES Women's Centre ____ Atira ____

Lookout Society ____ Carnegie Outreach ____ The Kettle ____ MPA Society ____

AIDS Society ____ RainCity Housing ____ Chimo Community Society ____

FRAFCA ____ Orange Hall ____ BC Housing # _____

Client signature:

Emergency Contact:

Name: _____ Phone # _____

Relationship: _____

Required Documents : ____ Housing First Non Housing First HPP Supplement Program

☐ Identification ☐ Rent Reciept ☐ Rental Tenancy agreement

☐ Eviction Notice ☐ 90 day Bank Statement ☐ Proof of income

Client has been approved for: Housing first Non Housing first HPP Supplement program

Client has been denied: Reason: _____

Clients Signature: _____ Date: _____

Staff signature: _____ Date: _____

Will be reviewed: _____

Executive Director signature: _____



Aboriginal Mother Centre Society HOUSING FIRST QUESTIONS ONLY

- 1. How long have you been homeless? Or how many times this year have you been homeless? (3-6 months) (6-12) (1yearplus)**
- 2. Do you have a history of homelessness? Yes or No *(If yes , please explain)***
- 3. Are you familiar with your rights as a tenant? Yes or No**
- 4. Would you be interested in taking a course on tenant rights? Yes or No**
- 5. Where were you living prior to being homeless and how long were you living there? Prior to that? And prior to that?**
- 6. What is your allowable \$ for rent?**
- 7. Which area of the lower mainland would you prefer to live in? Are you aware of the cost in these locations?**
 - ✓Surrey
 - ✓Burnaby/ New Westminster
 - ✓Richmond
 - ✓Vancouver
 - ✓North Vancouver/ West Vancouver
- 8. Would the client need a start-up kit? If so, what kinds of things are needed? *(List somethings from urgent to least needed.)***

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2
3
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6
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8
9
10

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9. What are your goals from today on to a year from now? (0-1year)
How can I assist you with that if you need help? (*Employment, housing, Personal wellness*)

✓:

What are your goals from 1-year mark to 4 more years down the road? (2-5years) How can I assist you with that if you need help? (*Employment, housing, Personal wellness*)

✓:

10. Are you looking for work? Or need help with trying to attain employment?
Yes or No

11. What type of work are you interested in?

12. List any training, or work experience:

13. Are you interested in Schooling or any type of work related programs? What are they?

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Aboriginal Mother Centre Society
Outreach Department
Non Housing First Questions 1x support

- ☐ Eviction notice ☐ Rent or Damage
☐ Hydro ☐ Food

1. What has brought you to AMCS homeless prevention program?

Budget

Necessities:

Monthly Rental Amount: \$_____

Utilities Amount: \$_____

Food: \$_____

Transportation: \$_____

(Transit, Car Payments, etc.)

Desires/Wants:

Fast Food: \$_____

Misc.: \$_____

Other: \$_____

Other: \$_____

Monthly Total: \$_____

Monthly Total: \$_____

2. Suggestions for referrals to help support you to sustain rent.

Employment__ Self Sufficiency__ Cultural worker__ A&D Counsellor__ OTHER_____

Clients Signature:_____ Date:_____

Staff signature:_____ Date:_____

Will be reviewed:_____