

Aboriginal Mother Centre Society OUTREACH DEPARTMENT

| | | Consent to Release of Information | | | | | | | | |
|--------|---|-----------------------------------|-------------|--------------------|-----------------|--|--|--|--|--|
| Nan | ne: | | | | | | | | | |
| | Last | Fi | First | | Initial | | | | | |
| DOB: | :/ | Telephone: | | _Email: | | | | | | |
| | Day Month Year | | | | | | | | | |
| Addre | ess: | | | | | | | | | |
| | Street Address | Cit | y/Province | | Postal Code | | | | | |
| To: | Vancouver Aboriginal BC Housing Ministry of Social Dev Vancouver Coastal He All housing shelter pro Tribal band offices(s) | ealth, Women's Hospital | Society | - | | | | | | |
| | nsideration of this conserve of this information. | nt, I hereby release the al | ove parties | from any legal lia | ability for the | | | | | |
| I unde | erstand that I may revoke | e this consent at any time | by informi | ng the above parti | es in writing. | | | | | |
| Date: | | Client: | Signature | 2 | | | | | | |

ALL INFORMATION IS CONFIDENTIAL

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



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Intake Form

FAMILY NEEDS ASSESSMENT

| How did you hear abo | ut our progra | m? | | | | |
|--|---------------|--------------|----------|--------|--------------------|------------------|
| Referred by: | | | | | | |
| Which Program? HPP | P HF | Non-HF | Rehoming | | | |
| Personal Information | on: | | | | | |
| | | First | | | Last | |
| Partner: | | | Age: | DOB: | | Day/Month/Year |
| Children: | | | Age: | DOB: | | |
| Children: | | | A ge· | DOR: | | Day/Month/Year |
| | | | _ | | | Day/Month/Year |
| Children: | | | Age: | DOB: | | Day/Month/Year |
| Children: | | Age: | DOB: | | Day/Month/Year | |
| | | | | | | , |
| Identity: Are you: Band/Nation | | | | | | |
| | | | | | | |
| Veteran Citizenship Place of birth | | | | | th | |
| | | | | | | |
| Current Situation: | | | | | | |
| Have an apartment | evicted | couch-surfi | ng hor | neless | Shelter _ | |
| Living with family | Other | _ Current Re | nt \$ TH | Ho | spital | Corrections |
| Income source: | | | | | | |
| Employment \$ | EI \$ | WCB \$_ | Band | l \$C | AS Pension | \$ |
| CPP Pension \$ | CTB \$ | PWD\$ | No i | ncome | Incor | me Assistance \$ |
| Employment: Worki | ng for: | | Wage:_ | | Start d | ate: |
| Education Level: H | ighschool | Graduated | College | Unive | rsity | |

| Do you quality for income assistance: Yes or No Do you need assistance applying: Yes or No |
|--|
| What type of housing do you need? |
| Room for rent |
| Share AccBachelor1 Bedroom OtherWhat can you afford? \$/ month |
| Are you on a housing list? |
| Lu'maVNHSBC HousingKekinow Housing |
| Other: |
| Are you accessing any other housing services? VATJSS VAFCSDTES Women's Centre Atira |
| Lookout SocietyCarnegie Outreach The Kettle MPA Society |
| AIDS Society RainCity Housing Chimo Community Society |
| FRAFCA Orange Hall BC Housing # |
| Client Initials: |
| Emergency Contact: |
| Name:Phone # |
| Relationship: |
| Required Documents:Housing FirstNon-Housing FirstHPP Supplement Program |
| □Identification □Rent Receipts □Rental Tenancy agreement |
| □ Eviction Notice □90-day Bank Statement □Proof of income □Renting It Right Certificate |
| Client approved for:Housing FirstNon-Housing FirstHPP Supplement |
| Client has been denied: Reason: |
| Client signature: |
| Staff Signature: |
| Program Manager Signature: |