



Aboriginal Mother Centre Society OUTREACH DEPARTMENT

Intake Form

FAMILY NEEDS ASSESSMENT

How did you hear about our program?

Referred by:

Which Program? HPP _____ HF _____ Non-HF _____ Rehousing _____

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 _____ Income Assistance \$ _____

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? \$ _____ / month

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 Initials: _____

Emergency Contact:

Name: _____ Phone # _____

Relationship: _____

Required Documents: _____ Housing First _____ Non-Housing First _____ HPP 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 First _____ Non-Housing First _____ HPP Supplement

Client has been denied: Reason: _____

Client signature: _____

Staff Signature: _____

Program Manager Signature: _____