# The Salvation Army Community & Family Services

**Client Intake Form Date:**

\* Last name: \* First name:

\* Date of Birth: \_\_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (yyyy/mm/dd) Estimated?  Y  N

**\* Gender:**

 Male  Female  Transgendered  Undisclosed

\* Address: Address (Line 2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* City: \*Province: \* Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No fixed address

Email Address:

Phone number:

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household members:**

Last name: \* First name:

\* Date of Birth: \_\_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (yyyy/mm/dd) Estimated? Yes No

**\* Gender:**

 Male  Female  Transgendered  Undisclosed

Last name: \* First name:

\* Date of Birth: \_\_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (yyyy/mm/dd) Estimated? Yes No

**\* Gender:**

 Male  Female  Transgendered  Undisclosed

Last name: \* First name:

\* Date of Birth: \_\_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (yyyy/mm/dd) Estimated? Yes No

**\* Gender:**

 Male  Female  Transgendered  Undisclosed

Last name: \* First name:

\* Date of Birth: \_\_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (yyyy/mm/dd) Estimated? Yes No

**\* Gender:**

 Male  Female  Transgendered  Undisclosed

Last name: \* First name:

\* Date of Birth: \_\_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (yyyy/mm/dd) Estimated? Yes No

**\* Gender:**

 Male  Female  Transgendered  Undisclosed

**What were the reasons for this visit?** (multiple)

Benefits/Social Assistance Changes Benefits/Social Assistance Delays  Debt  Delayed Wages  Family Breakup Low Wages/Not Enough Hours Unemployed/Recently Lost Job Homeless  Sickness/Medical Expenses  Unexpected Expense  Unexpected Housing Expense Ongoing Need  Relocation  Natural Disaster COVID-19  Other

**Assistance provided:**

 Food Assistance  Non Food Assistance  Other

**NOTES:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Privacy & Consent form signed*** Yes No

**Name of Intake Worker:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date entered into L2F:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_