



CLIENT INTAKE FORM

Date: _____ Staff Attending: _____

Name of Client: _____ Gender: Male: Female:

Telephone: _____ Marital status: Single Married Divorced

Address: _____ Email: _____

Age Range: 15-24 25-44 45-64 65+ Country of Origin _____

Immigration Status: Canadian Citizen Refugee Permanent Resident Number of Children:

Are you a family class immigrant? Yes No Language spoken _____

Length of residence in Canada: Less than 1 year 1-3 years 4-5 years over 5 years

Services Required: (Please mark all that apply)

- General Information _____
- Advocacy Issues _____
- Booking Intake Appointments _____
- Child care/ Day care Information _____
- Contacting Government Offices _____
- Counselling /Emotional Support _____
- Educational/Skills Upgrading _____
- Employment Related Services _____
- ESL/LINC Information _____
- Health/Medical/OHIP _____
- Housing/Tenancy Issues _____
- Immigration/Refugee/Citizenship _____
- Legal Matters _____
- Referral to Services _____
- Request for Interpretation Services _____
- Translation of Documents _____
- Other _____

Comments _____

