

AFRICAN COMMUNITY SERVICES OF PEEL



INTAKE FORM

CLIENT INFORMATION

Name:	DOB:
Address:	Neighborhood:
Contact:	Call <input type="checkbox"/> Text <input type="checkbox"/> Voicemail <input type="checkbox"/>
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not To Answer <input type="checkbox"/> Language: English <input type="checkbox"/> French <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	
Status in Canada: Canadian Citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other <input type="checkbox"/>	
Race/ Cultural Group: Black Canadian/American <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black Other <input type="checkbox"/>	

I WOULD LIKE TO RECEIVE SERVICES IN...

Education/Skills Development <input type="checkbox"/>	Immigration & Citizenship <input type="checkbox"/>	Income Support <input type="checkbox"/> Housing <input type="checkbox"/>
Justice System Involvement <input type="checkbox"/>	Addictions <input type="checkbox"/>	Arts/Culture <input type="checkbox"/> Employment <input type="checkbox"/>
Access to Food <input type="checkbox"/>	Volunteering <input type="checkbox"/>	Family Relations <input type="checkbox"/>
Parenting <input type="checkbox"/>	Safety from Violence <input type="checkbox"/>	Recreation/Sports <input type="checkbox"/>
Mental Health <input type="checkbox"/>	Healthy Relationships <input type="checkbox"/>	Access to Identifications (ID) <input type="checkbox"/>

ALTERNATIVE CONTACTS/ In Case of Emergency

Parent <input type="checkbox"/> Guardians <input type="checkbox"/> Contact: Phone:	E-mail:
Referring Source: CAS <input type="checkbox"/> Probation Officer <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other <input type="checkbox"/>	
Name:	Contact: Phone/Email: _____
ID Presented: Birth Certificate <input type="checkbox"/> PR Card <input type="checkbox"/> Health Card <input type="checkbox"/> SIN Number <input type="checkbox"/> Driver's License <input type="checkbox"/>	
Criminal Records: None <input type="checkbox"/> Outstanding Charges <input type="checkbox"/> on Probation <input type="checkbox"/> Awaiting Sentencing <input type="checkbox"/> Recently Release <input type="checkbox"/>	
INTAKE TAKEN BY:	DATE:

10 GILLINGHAM DRIVE, SUITE #308 BRAMPTON, ON L6X 5A5

TELEPHONE: 905 460 9514 FAX 905 460 9769

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