



Canadian Centre for Men and Families
Family Shelter Intake Form
(Self-Referral)

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Address: _____ Unit/Suite: _____

City: _____ Province: _____ Postal Code: _____

Primary Number: _____ Alternate Number: _____

- OK to leave a message identifying The Family Shelter
- OK to leave a message (do not identify The Family Shelter)
- Not OK to leave a message

Email: _____ Alias/Other Names Used: _____

Marital Status:

- Single
- Separated
- Divorced
- Other

Aboriginal Status:

- Yes
- No
- Unknown

Preferred Language: _____ Languages Spoken: _____

Domestic Abuse Experienced: _____

What is your understanding of The Family Shelter? How did you learn about it? Worker will explain program following the answer to this question; if there is a misunderstanding about the nature of the service interview can end at this point. _____

Candidate's Child(ren)

Are your children currently living with you? If not, why not? _____

Child 1

First Name: _____ Last Name: _____

Date of Birth: _____ Nickname: _____

Gender:

- Male
- Female

School or Daycare: _____ Grade: _____

Work: _____ Hours/Week: _____

Significant Health, Learning or Behavior Issues: _____

Custody/Access Arrangements: _____

Child 2

First Name: _____ Last Name: _____

Date of Birth: _____ Nickname: _____

Gender:

- Male
- Female

School or Daycare: _____

Grade: _____

Work: _____

Hours/Week: _____

Significant Health, Learning or Behavior Issues: _____

Custody/Access Arrangements: _____

Child 3

First Name: _____

Last Name: _____

Date of Birth: _____

Nickname: _____

Gender:

- Male
- Female

School or Daycare: _____

Grade: _____

Work: _____

Hours/Week: _____

Significant Health, Learning or Behavior Issues: _____

Custody/Access Arrangements: _____

Legal (If Applicable)

Outstanding Charge(s): _____

Expected Outcome: _____

Previous Charge(s): _____

Do you have anyone assisting you with your legal issues? (Court Support, RFC, JHS, EFS, Legal Aid, Victim Services): _____

Do you have a restraining order against you? Is there a restraining order protecting you? _____

Worker: _____ Contact Info: _____

Worker: _____ Contact Info: _____

Probation Officer: _____ Contact Info: _____

Current Housing

- Living in a shelter Child(ren) with Candidate at Shelter? _____
- Living with relatives Child(ren) with Candidate at Relatives? _____
- Living with friends Child(ren) with Candidate at Friends? _____
- Currently on street Child(ren) with Candidate? _____
- In hospital, treatment, crisis beds Location of Child(ren)? _____
- Private Home/Apartment Child(ren) living with Candidate? _____

Others Involved in your Care?

Name: _____

Contact Info: _____

Name: _____

Contact Info: _____

Name: _____

Contact Info: _____

Summary of Current Supports and Contact Information:

Emergency Contact for Client: _____

Emergency Contact for Children: _____

Mental Health Services: _____

Family Doctor: _____

Medical Specialist: _____

Psychiatrist: _____

Guardian/Trustee/POA: _____

Other Medical Professional (i.e. Community Nurse): _____

Addictions Services: _____

Community Services: _____

Counseling/Therapy: _____

Developmental Services: _____

Employment/Income Agency: _____

Housing Agency: _____

Other (Lawyer, Church, Probation, etc.): _____

Family Member/Friend: _____

Community Supports used by your Children: _____

Please list any and all allergies you and or your child/ children have:

What are your goals/expectations for this program? _____
