Better at Home
Intake Form

United Way British Columbia

Participant Information		Intake Date:
*First Name:	Middle Name:	*Last Name:
Preferred Name:		
*Date of Birth (d/m/y):	*Age:	
Phone (Primary):	Phone (Secondary):	
Phone Notes:	Email:	
Street Address:	Address Line 2:	
City:	Province:	
Postal Code:		
Spouse, Partner, Roommate Name:	Household Notes (Access Instructions/Buzzer #):	

***Living Arrangement:**
☐ Living Alone
☐ Do not live alone
☐ Prefer not to disclose

Marital Status:
☐ Married ☐ Common Law ☐ Single
☐ Divorced ☐ Widowed ☐ Prefer not to disclose

***Gender (choose one):** ☐Male ☐Female ☐Non-Binary ☐Prefer not to disclose

***Ethnic origin:**
☐ Black ☐ East Asian (e.g. Chinese, Japanese, Korean)
☐ Latin, Central or South American ☐ South Asian
☐ Southeast Asian (e.g. Vietnamese, Filipino)
☐ West Asian/Middle Eastern (e.g. Iranian, Afghan)
☐ White ☐ Prefer not to disclose
☐ Other:_____

***Indigenous Peoples:**
☐ Indigenous, First Nations ☐ Indigenous, Inuit ☐ Indigenous, Métis
☐ Not applicable

***Primary Language:**

***Referral Source (select all that apply):**
☐bc211 ☐Host organization ☐Advertisement
☐Other community-based agency ☐Allied health professional
☐Physician ☐Nurse ☐Friend/family
☐Self-referral ☐Other_____

Referral Notes:

Cranbrook Better at Home
Erinn Willoughby, Program Coordinator / Julie Pearson, Transportation Coordinator
209A 16th Avenue North, Cranbrook BC V1C 5S8
Ph: 250-426-2943 / Fax: 250-426-2978

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Emergency Contact Information	
First Name:	**Last Name:**
Relationship:	**Email:**
Phone (Primary):	**Phone (Secondary):**
Lifeline / Lock Box / PIN:	**Emergency Contact Notes:**

PART II

***Services requested and relevant details (check all that apply):**

☐Friendly Visiting ☐Grocery shopping/services ☐Digital literacy/tech support
☐Light Yard Work ☐Minor Home Repairs ☐Prepared Meal Delivery
☐RX p/u d/o ☐Snow Removal ☐Transportation
☐Group Activities ☐Light Housekeeping (paid service, subsidy offered, must be 65+)
☐Other: _____

Please note – we will not conduct housekeeping in unsafe working conditions (ie – smoking indoors, hoarding, pest infestations), nor will we send volunteers for visiting, home repairs etc. Refer to "potential hazards in home"

Transportation Methods:

☐Own vehicle ☐HandyDart ☐Friends/Family/Neighbour
☐Public transit ☐Volunteer driver program
☐Taxi ☐Walk ☐Other: _____

Priority Population Screening

***Do you consider yourself low-modest income?**
☐Yes ☐No

***Do you consider yourself socially isolated/lonely?**
☐Yes ☐No

***Do you believe you have low to moderate frailty?**
☐Yes ☐No

***Do you fall into any of the following categories for the underserved/equity deserving groups (select all that may apply to you):**

☐Caregivers ☐Cultural and/or linguistic barriers
☐Deaf and Hard of Hearing ☐Experiencing elder abuse
☐Experiencing mobility barriers ☐2SLGBTQIA+
☐Newcomers / Temp. Residents ☐People with disabilities
☐Permanent Residents (immigrants and refugees)
☐Risk of homelessness ☐Risk/experiencing mental health issues
☐Risk/experiencing physical health issues
☐Other: _____
☐ None of the above

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Home

Accommodation Type:

☐House ☐Suite in House ☐Townhouse ☐Apartment/Condo
☐Assisted Living ☐Mobile ☐Subsidized
☐Other: _____

Accommodation Notes:

Potential hazards in home:

☐Hoarding/excessive clutter ☐Biohazards (e.g. improperly stored insulin syringes / feces / blood / etc)
☐Aggressive pets
☐Aggressive residents/visitors ☐Substance misuse
☐Cigarette or other smoke ☐Structural issues (e.g. unsafe stairs / soft floors /etc)
☐Other: _____

Past pest infestations?

☐Yes ☐No

Any Pets:

☐Yes ☐No How many:_____
Type of Pet:

Smoke Alarm:

☐Yes ☐No

CO2 monitor:

☐Yes ☐No

Other safety concerns:

Health

Physical health conditions:

☐Balance issues ☐Stroke ☐Arthritis/Pain ☐Heart Condition ☐Diabetic
☐Multiple Medications ☐Other: _____

Physical Impairments:

☐Blind/Visual Impairment ☐Deaf ☐Hard of Hearing
☐Other: _____

Allergies:

☐ Smoke ☐Pets ☐Dust ☐Food ☐Chemicals
☐Perfume/scents ☐Other: _____

Do you have any allergies or dietary restrictions?

☐Gluten Intolerance ☐Lactose Intolerance ☐Peanut Allergy
☐Celiac disease ☐Vegan ☐Vegetarian
☐Kosher ☐Diabetes ☐Low sodium
☐Other:_____

Mobility Aids:

☐Cane ☐Walker ☐Wheelchair ☐Other: _____

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Able to get in and out of vehicle without assistance? ☐Yes ☐No	
Mental health conditions or cognitive impairments: ☐Yes ☐No	
Name of physician, health practitioner and/or local clinic:	
Phone:	**Fax:**
Email:	**Permission to contact:** ☐Yes ☐No
Physician Notes:	**Other health concerns or communicable disease:**
Recent Life Events:	
Financial	
Annual income (line 150 from NOA):	
Income Verified (for office use): ☐Yes ☐No	**Verified By:**
Verified on Date:	***Receiving other publicly funded home supports?** ☐Yes ☐No ☐Unknown
***Other publicly funded home supports received (if yes):** ☐Veteran's Affairs Canada ☐Health Authority/Home support services ☐Other: _____	***Applied Subsidy (for office use):**
Please provide some detail on any community professionals or organizations you may be working with, or supports you are currently receiving (e.g. home support, counselling, Interior Health or CMHA Social Worker/Life skill worker assigned):	

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Consent

I _____ consent to release to “Better at Home”, personal information which may be needed to allow “Better at Home” to provide competent and appropriate services or to refer me to such services.

I understand this may include personal information within the meaning of “The Freedom of Information and Protection of Privacy Act” and personal health information within the meaning of “The Health Information Protection Act”.

I understand that Better at Home staff may need to speak to my care team to ensure I am receiving the best care possible.

If you have any questions about the collection and/or storage of your personal information, please ask your “Better at Home” representative, at 250.426.2943.

_____

Signature

_____

Date

_____

Witness Name (Print)

_____

Witness Signature

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FOR OFFICE USE ONLY

CLIENT NAME:

Fee Category	Basis	Subsidy
A	Eligible for Guaranteed Income Supplement (GIS)	100% (full subsidy)
B		80%
C	Above GIS cut-off, but below average income for BC residents aged 65+	60%
D		40%
E		20%
F	At or above average income for BC residents aged 65+ *Or unassessed.	0% (no subsidy)

Housekeeping Subsidy Notes:

Service fees and subsidy confirmed: ☐Yes ☐No

Consents

Program Participation Consent ☐Yes ☐No

Has the participant signed the Photo Consent form? ☐Yes ☐No

Date of agreement:	**Participant signature:**

Communication Log:

Intake Date:	**Staff:**

Notes:

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