

Client Intake Form (A)



Person Information

Gender: ☐ Female ☐ Male ☐ Other Birthdate (dd/mm/yyyy): _____

Last Name: _____ First Name: _____

Social Insurance Number: _____ Email Address: _____

Phone Number: _____ Service Language: ☐ English ☐ French

Marital Status: Single ☐ Married ☐ Common-Law ☐ Widowed ☐ Divorced ☐ Separated ☐ Other ☐

Mailing Address:

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Registration Details:

Employment Status: ☐ Self - Employed ☐ Seasonal Employment ☐ Unemployed
☐ Full-time Employed ☐ Part-time Employed ☐ Variable Hours

Are you legally entitled to work in Canada? ☐ Yes ☐ No

Are you a student?: ☐ Full-time ☐ Part-time ☐ No

What is your preferred correspondence method? ☐ Regular Post ☐ Email ☐ Telephone

COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION

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We do not disclose your personal information to other organizations or individuals except as required to fulfill the purpose(s) of the program or service and only to the extent required or authorized by law.

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I acknowledge that I have read and understand the above information regarding the collection, use, and disclosure of my personal information:

Client name [please print] _____

Client signature _____

Date (dd/mm/yyyy) _____

Sample Intake Forms For Case Management

Russell Mills



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