

Cortes Island Better at Home

Confidential Client Intake Form 2026-2027

Intake Date 1 st Service (mm/dd/yyyy) ____/____/____	Completed By:
Referral Source ☐ Family/Friend ☐ Physician/Nurse/Health Professional ☐ Advertisement ☐ Other:	

Client Information		
Name		
Telephone Can messages be left at this number: ☐ Yes ☐ No	Cell Phone Can messages be left at this number: ☐ Yes ☐ No	
Email		
Date of Birth (m/d/y)	Gender	Marital Status
Full Street Address (so staff can find you) : PO Box: Postal Code: Do you have a visible house number at the end of your driveway? ☐ Yes ☐ No Notes:		
Accommodation ☐ House ☐ Cabin ☐ Other:		
Living Arrangement ☐ Living Alone ☐ With Spouse ☐ With Family/Relatives ☐ With Roommate(s) ☐ Other:		
Primary Language ☐ English ☐ French ☐ Other:		
Ethnicity ☐ Indigenous ☐ Caucasian ☐ Other:		

Alternate Contact(s)

(1) Emergency Contact: Name

Relationship to client

Telephone

Cell Phone

Email

(2) Next of Kin: Name

Relationship to client

Telephone

Cell Phone

Email

Client Health and Safety

Does the client have any physical disabilities (e.g., mobility, hearing, vision)?

☐ Yes ☐ No. If yes, details:

Does the client have mental health issues or memory/cognitive impairments?

☐ Yes ☐ No. If yes, details:

Is the client allergic to or bothered by tobacco smoke, perfumes, particular foods, or other allergens?

☐ Yes ☐ No. If yes, details:

We are not able to transport or handle scooters, wheelchairs, or other large mobility aids. Walkers must be foldable and not heavy. Will the client have a mobility aid when using our services?

☐ Yes ☐ No. If yes, details:

Does the client have a gender preference if possible when being matched for services?

☐ Yes ☐ No. If yes, details:

Is there any other health and/or safety information that the client wants Better at Home staff, volunteers, and service providers to know when providing our services?

☐ Yes ☐ No. If yes, details:

Staff, Volunteer and Service Provider Health and Safety

Does the client have pets? ☐ Yes ☐ No

If yes, details including any known or potential risks to our staff, volunteers, service providers:

Does the client smoke or use perfume products? ☐ Yes ☐ No

If yes, details:

Are there any other potential risks or dangers in the client's home (e.g., weapons kept at home, others living or visiting with anger or violence issues, etc.)?

☐ Yes ☐ No. If yes, details:

Better at Home Services

Services Available as Resources Allow

- ☐ Friendly Visiting
☐ In Person ☐ By Phone ☐ Email ☐ FaceTime/Skype etc ☐ Respite

Notes/comments:

- ☐ Grocery/Mail/Medication Pick Up/Delivery

- ☐ Light Housekeeping

- ☐ Light Garden Work

- ☐ Outdoor help, chores, wood stacking, chopping, snow shovelling etc.

- ☐ Seniors Helping Seniors - Rides by volunteers

- ☐ Klahoose Bus

- ☐ Tech Support

- ☐ Foot Care (at clinic with Isabelle Laplante)

- ☐ Heat Pump Program

- ☐ Meals on Wheels ☐ Yes ☐ No
☐ If yes, frequency of delivery/Preferred arrangements:
☐ Weekly ☐ Bi-weekly ☐ Monthly

Notes/comments:

- ☐ Help with Meal Prep In-House: ☐ Yes ☐ No Preferred arrangements:

Is the client eligible for or receiving similar or related services from other organizations (e.g. Veteran Affairs, Community Health Services, Hospice Society, etc.)?

- ☐ Yes ☐ No

If yes, details:

Emergency Preparedness

Home Kit

Interested: ☐ Yes ☐ No

I am interested in other Emergency Preparedness initiatives

- ☐ ☐ Yes ☐ No

Volunteering	
Are you interested in volunteering?	☐ Yes ☐ No
Other Services	
Are there any other services you would like to receive that we have not listed?	
Financial Information	
Line 15000 (Total Income) on your Canada Revenue Agency Income Tax Notice of Assessment	
Annual TOTAL Income - Single ☐ \$ _____	Annual TOTAL Income – Household* ☐ \$ _____
*Household income is the combined annual income of the client and other person(s) living with the client who would directly benefit from the service.	
Assessed Fee Category Based on Annual Income	

Single Income	Household Income	Fee Category	Basis	Subsidy
At or below \$26,500	At or below \$38,265	A	GIS, OAS and BC Seniors Supplement	100%
\$26,501 - \$33,000	\$38,266 - \$49,310	B	_____	80%
\$33,001 - \$57,199	\$49,311 - \$68,780	C	Above GIS cut-off but below average income	60%
	\$68,781 - \$88,240	D		40%
	\$88,241 - \$107,699	E	_____	20%
Over \$57,200	Over \$107,700	F	Average income 65+ BC Residents	0%

CLIENT CONSENT

I hereby consent to release the above personal information to the Support Our Seniors Society for the Cortes Island Better at Home program in order to be able to provide me with services offered by the program or provide me with referral information for appropriate services. I understand some or all of the above information, **excluding** my financial information, may be shared on a confidential basis with Cortes Island Better at Home volunteers and service providers who provide services to me.

I understand that the above personal information will only be used by the Support Our Seniors Society for the Cortes Island Better at Home program unless I sign the Cortes Island Better at Home program Consent for Release of Information form. I will discuss any questions or concerns about Cortes Island Better at Home collection and storage of my personal information with the Cortes Island Better at Home Coordinators or the Chair of the Support Our Seniors Society

Client:

Name

Signature

Date (mm/dd/yyyy)

Cortes Island Better at Home:

Name

Signature

Cortes Island Better at Home Coordinator

Date mm/dd/yyyy

NOTES:

Please return this form (signed and dated) to:

Support Our Seniors Society

Att Ester Strijbos
PO Box 97
Mansons Landing, BC
V0P1K0

Or email it to Ester: betterathomecortes@gmail.com

Or call to fill in over the phone
250-204-2116