



Aboriginal Mother Centre Society Outreach Department Intake Form

Welcome to the Outreach Department,

We have set up this Intake Booklet to give you clear guidelines about our programs.

Guidelines

1. All the information is **Confidential**.
2. This is a legal document – all the information shared is to be true.
3. Do to **conflict of interest**, AMCS cannot accept a person of relation to any member of AMCS staff.
4. After completion of intake – the staff will assign you a worker – these are the required documents:
 Identification – 1 picture ID and Birth Certificate. Rental Tenancy Agreement
 Eviction notice 90 Day Bank Statement Proof Income

Manager use only:
<input type="checkbox"/> Housing First <input type="checkbox"/> Non-Housing First <input type="checkbox"/> HPP Supplement Program
Client has been denied – Reason:

Client Signature

Staff Signature

Program Manager Signature



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Date: _____

Consent to Release of Information

Name: _____
Last First Middle Initial

DOB: ____/____/____ Telephone: _____ Email: _____

Address: _____
Street Address City/Province Postal Code

I hereby authorize all community, band & government agencies including physicians to release all information required to secure housing and maintain my well-being in the community.

To: Vancouver Aboriginal Transformative Justices Society
BC Housing
Ministry of Social Development
Vancouver Coast health, Women's Hospital
All housing shelter provided
Tribal Band offices(s)
Other: _____

In consideration of this consent, I hereby release the above parties from any legal liability for the release of this information. If for any reason the applicant did not disclose important information – this will be an automatic denial on your application.

Date: _____ Client: _____

ALL INFORMATION IS CONFIDENTIAL



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APPLICANT DEMOGRAPHICS

NAME:		PHONE:		
ADDRESS:		EMAIL:		
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Rather not disclose				
DOB (M/D/Y): / /		Age:		
Aboriginal person of Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
If yes, please specify <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Other				
Address of Band:				
Family status: <input type="checkbox"/> Single <input type="checkbox"/> Common-law <input type="checkbox"/> Family <input type="checkbox"/> Married				
Are you <input type="checkbox"/> Canadian Citizenship <input type="checkbox"/> Veteran Place of Birth:				
NAME:	DOB: M/D/Y	GENDER:	SIN:	RELATIONSHIP:
Applicant:		M/F		
Partner:		M/F		
Dependents:		M/F		
Dependents:		M/F		
Dependents:		M/F		
Dependents:		M/F		
Dependents:		M/F		
Do you expect your family size to change in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No				



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HOUSEHOLD INCOME INFORMATION

Name:	Source:	Amount:

INCOME ASSISTANCE OFFICE INFORMATION:

Income Assistant Worker:	Office/Address:
Phone:	Fax:

EDUCATION

<input type="checkbox"/> High School	<input type="checkbox"/> Graduated	<input type="checkbox"/> College	<input type="checkbox"/> University
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CURRENT SITUATION

Have an apartment <input type="checkbox"/> current rent \$ Evicted <input type="checkbox"/> Couch surfing <input type="checkbox"/> Homeless <input type="checkbox"/> TH <input type="checkbox"/>
Living with family/friends <input type="checkbox"/> Hospital <input type="checkbox"/> Corrections <input type="checkbox"/> Shelter <input type="checkbox"/>
Homeless status: Absolute Homeless <input type="checkbox"/> Homeless due to crisis <input type="checkbox"/> Risk of homelessness <input type="checkbox"/>
Hidden Homeless <input type="checkbox"/> Just left reserve <input type="checkbox"/> Unknown <input type="checkbox"/>
What type of housing needed: Room for rent <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom <input type="checkbox"/>
Share Acc. <input type="checkbox"/> Bachelor <input type="checkbox"/>
What can you afford? \$ /month



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SUPPORT NEEDED

Are you registered for BC Housing? <input type="checkbox"/> Y <input type="checkbox"/> N	Housing #:
Housing application: Lu'ma <input type="checkbox"/> Vancouver Native Housing <input type="checkbox"/> Orange Hall <input type="checkbox"/>	
Kekinow Housing <input type="checkbox"/> Raincity Housing <input type="checkbox"/> Atira <input type="checkbox"/>	
Rent arrears? <input type="checkbox"/> Y <input type="checkbox"/> N	Eviction notice: <input type="checkbox"/> Y <input type="checkbox"/> N
ID? <input type="checkbox"/> Y <input type="checkbox"/> N	Supported? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Referred out
Subsidy? <input type="checkbox"/> <input type="checkbox"/> N	
Utility Payment? <input type="checkbox"/> Y <input type="checkbox"/> N	Document of Bill? <input type="checkbox"/> Y <input type="checkbox"/> N
Landlord mediation? <input type="checkbox"/> Y <input type="checkbox"/> N	

OTHER SERVICES PROVIDED

Lu'ma Native Housing <input type="checkbox"/> DTES Women's Centre <input type="checkbox"/> MPA <input type="checkbox"/> AEDS Society <input type="checkbox"/>
RainCity Housing <input type="checkbox"/> FRAFCA <input type="checkbox"/> Atira <input type="checkbox"/> Lookout Society <input type="checkbox"/> VATJSS <input type="checkbox"/>
Carnegie Outreach <input type="checkbox"/> MCFD <input type="checkbox"/> VACFSS <input type="checkbox"/>

REFERRAL INFORMATION

Date of Referral:	Agency referral from:
Referral Agency to:	Reason for referral?
AMCS Worker:	

EMERGENCY CONTACT

Name:	Contact #:
Next of kin:	Phone:



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OVER VIEW:

Applicant Signature: Please read and sign this statement:
I understand that this application does not constitute any agreement on the part of Aboriginal Mother Centre Society to provide me with rental accommodation. I hereby certify that the information given in this application is true, correct, and completed in every respect to the best of my knowledge and can be documented, if required by Aboriginal Mother Centre Society for any changes to the information given above.

Signature of applicant:	Date:
Staff:	Date:



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CASE NOTES

Applicants Name: _____

Date: _____

Appointments:	Calls:	Email:	Walk-in:
Bus tickets:	Advocate – Landlord:	Food Bank:	Clothing:
Crisis	One to one		

INTAKE INFORMATION:

HOUSING



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REFERRAL TO ANOTHER AGENCY

SERVICE PROVIDED

Staff Signature

Date