



## About You

### Name \*

First Name

Last Name

## Personal and Home Support: Intake Form

Personal Care and Homemaking Support

### Phone Number \*

Area Code

Phone Number

### Address

Street Address

Street Address Line 2

City

Province

Postal Code

### Email

example@example.com

## Ethnicity \*

## Language \*

Your preferred language

## Emergency Contact Information

### Emergency Contact Name \*

First Name      Last Name

### Emergency Contact Phone Number \*

Area Code      Phone Number

### Relationship \*

What is the relationship of your emergency contact to you (spouse, partner, son, daughter, friend, etc.)?

## Living Arrangements

### Living Arrangement \*

- Live Alone
- With Spouse / Partner
- With Family / Friend
- Widowed
- Assisted Living
- Hospital

### Do you have access to the Internet? \*

Yes

No

**Do you have any pets? \***

Yes

No

**Ways you have access to the Internet?**

Computer or Laptop

iPad or Tablet

Smartphone

**Are you a smoker? \***

Yes

No

**Do you use any other in-home services? \***

Personal Support Worker (PSW)

Nursing Services

Physiotherapy

Occupational Therapist

No

## **Medical Information / Concerns**

### **Medical Information**

Please provide us with any medical information that would help us find you the best programs & support.

### **Mobility \***

No

## Health Concerns

Please tell us about any health concerns you may have.

### Vision Impairment \*

No

**Please list any allergies that require regular treatment and medication:**

### Hearing Impairment \*

No

### Speech Impairment \*

No

**Are you completing this form for yourself or are as a Substitute Decision Maker (SDM)? \***

Myself

SDM on behalf of client

**SDM has provided consent for referral to Re-Imagine Ontario?**

Yes

No

## Referee's Name

First Name

Last Name

## Referee's Title

## Referee's Phone Number

Area Code

Phone Number

## Income Information

### What is the approximate yearly combined household income? \*

- Less than \$14,999 (\$1,249/month)
- \$15,000 – \$19,999 (\$1,249-1,667/month)
- \$20,000 – \$24,999 (\$1,668-2,083/month)
- \$25,000 – \$29,999 (\$2,084-2,500/month)
- \$30,000 – \$34,999 (\$2,501-2,916/month)
- \$35,000 – \$39,999 (\$2,917-3,333/month)
- \$40,000 – \$59,999 (\$3,334-4,999/month)
- over \$60,000 (over 5,000/month)
- Do not know
- Prefer not to answer

### How many people are supported by this income (including yourself)? \*

### Are you struggling to meet your basic needs? \*

- Yes
- No

### What is/are your source(s) of income? \*

- Employment
- Employment Insurance (EI)
- Old Age Pension
- WSIB
- Ontario Works (OW)
- Ontario Disability (ODSP)
- PP Disability
- CPP / OAS

Friends

Spousal Support  
Family / Spouse

### Referring Organization's Name

### Referee's Email

example@example.com

### Today's Date \*



Year    Month    Day