



Better at Home – Client Intake Form

Intake date: _____

PERSONAL INFORMATION			
Last Name		First Name	
Phone Number		DOB/Age	
Full address		Postal Code	
Gender		Marital Status	
Language Spoken at	Ethnicity:	Need language	
Home:		specific Volunteer?	
Alternate or		Preferred Phone	
Emergency Contact		Number	
Name			
Relationship		May we contact this	
		person if we are	
		unable to reach the	
		client?	

HOUSEHOLD			
Type of			
accommodation			
General Condition		Pets: YES/NO	Smoking: YES/NO
Living Arrangement Alone Family Friend Spouse Roommate			
Does the home have any pest infestations?			
(Bed bugs, other?)			

CLIENTS PRESENT SITUATION		
Mental Health		
(overall description,		
memory, depression		
etc.)		
Physical Health		





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Medications	Y/N	Approximate Number
		of medications?
Mobility (low,		Mobility Aids?
moderate, good)		
Hearing?		Vision?
Is the client receiving		
personal care or other		
services? If so, please		
describe. (physio,		
case manager, care		
aid)		

BETTER AT HOME SERVICES		
Service(s) requested	Assisted Grocery Shopping	Housekeeping
	Friendly visiting	transportation
	Walking Companion	Handy/Repair Services
Preferred Day / Time for		
service requested.		
Referral Source		

SERVICE FEES					
Assisted grocery shopp	Assisted grocery shopping, friendly visiting, are provided by donation.				
Sliding scale for light ho	Sliding scale for light housekeeping services, handy person, and transportation				
Proof of gross income (most recent tax assessment with current address:			ddress:	Yes/No	
Would the fees charged for Better at Home services result in significant hardship for the client? (i.e. inability to pay utilities, rent, purchase medications or groceries, or meet other financial obligations? Please describe:			Yes/No		
Assessed fee		Adjusted fee		Service fees	Yes/No
category:		category:		explained and	
				agreed to?	





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Single Person	Household	Subsidy	Cost
Below \$15,500	Below \$24,900	100%	Free
\$15,501- \$23,100	\$24,900-\$35,000	70%	\$8.00
\$23,101-\$30,600	\$35,001-\$67,700	30%	\$17.50
Greater than \$30,600	Greater than \$67,700	No subsidy	\$25.00

Notes and other relevant information:				
DATE COMPLETED				

Once completed please return form to:

Claudine Matlo – Email: <u>cmatlo@mpnh.org</u> | fax: 604-879-4136