

Client Name	
Referral Source & Contact	
Date of Referral	
Address	
Telephone	
Date of Birth	
Ethnicity	
First Language(s)	
Emergency Contact	
Relationship	
Telephone	

Does the client have any health-related issues that we should know about?	
Services Requested:	<input type="checkbox"/> Housekeeping <input type="checkbox"/> Transportation <input type="checkbox"/> Friendly Visitor <input type="checkbox"/> Grocery Shopping <input type="checkbox"/> Daily Caller <input type="checkbox"/> Peer Support <input type="checkbox"/> Accompaniment to Medical Accompaniment
Please list any publically funded services the client is currently receiving	<input type="checkbox"/> Vancouver Coastal Health <input type="checkbox"/> Veterans Affairs Canada <input type="checkbox"/> Other (please specify):

Household Information	<input type="checkbox"/> Living Alone <input type="checkbox"/> Living with Spouse <input type="checkbox"/> Others
Income <small>(only applicable for housekeeping and transportation clients, use amount from line 150 on income tax forms)</small>	
Subsidy Level: <small>(WESN use only)</small>	Eligible Fee Subsidy: Applied Fee Subsidy:

Consent for the Release of Information:

I _____(Your Full Name) hereby consent to release my information to the West Seniors’ Network, Better at Home Program, and contracted services providers. I understand that some of the information may be shared with Better at Home staffs, volunteers, contractors and service providers. Any correspondence will be made only in the best interest of the client and with as much confidentiality as possible.

Signature of Client

Date

Signature of beneficiary or legal representative

Date