



Client Registration Form

Client name	
Referral source & contact	
Date of referral (DD/MMM/YYYY)	
Address	
Telephone	
Date of birth (DD/MMM/YYYY)	
Ethnicity	
First language(s)	
Emergency contact	
<ul style="list-style-type: none"> • Relationship 	
<ul style="list-style-type: none"> • Telephone 	
Please list any health-related issues that we should know about <small>(Including physical disabilities, mental health issues, cognitive impairments, and/or infectious conditions that the client may have.)</small>	
Household information	<input type="checkbox"/> Living Alone <input type="checkbox"/> Living with Spouse <input type="checkbox"/> Other: _____
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): _____

Services Requested	
Better at Home Services	<input type="checkbox"/> Light Housekeeping <input type="checkbox"/> Transportation <input type="checkbox"/> Minor Home Repair
Life Unlimited Services	<input type="checkbox"/> Friendly Visiting <input type="checkbox"/> Grocery Shopping and Delivery <input type="checkbox"/> Accompaniment to Medical Appointments <input type="checkbox"/> Check-in Phone Calls and Emails
Peer Support Services	<input type="checkbox"/> Peer Support
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): _____
Total Income (Annual) <small>(Only applicable for light housekeeping and transportation clients. Please use amount from line 150 on T1 Income Tax and Benefit Return.)</small>	
Subsidy level <small>(WESN Better at Home use only)</small>	Eligible Fee Subsidy: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> D Applied Fee Subsidy: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> D
Consent for the Release of Information:	
I _____ (Client Full Name) hereby consent to release my information to West End Seniors' Network staff, volunteers and/or contracted services providers.	
_____	_____
Signature of Client	Date (DD/MMM/YYYY)
_____	_____
Signature of Legal Representative	Date (DD/MMM/YYYY)
Please submit the completed form to:	
<ul style="list-style-type: none"> • Email: betterathome@wesn.ca • Fax: 1-877-885-6561 • Mail: West End Seniors' Network 1447 Barclay Street Vancouver, BC V6G 1J6 	