



## Client Registration Form

<b>Client name</b>	
<b>Referral source &amp; contact</b>	
<b>Date of referral (DD/MMM/YYYY)</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Date of birth (DD/MMM/YYYY)</b>	
<b>Gender</b>	
<b>Ethnicity</b>	
<b>First language(s)</b>	
<b>Emergency contact</b>	
• <b>Relationship</b>	
• <b>Telephone</b>	
<b>Please list any health-related issues that we should know about</b> <small>(Including physical disabilities, mental health issues, cognitive impairments, and/or infectious conditions that the client may have.)</small>	
<b>Household information</b>	<input type="checkbox"/> Living Alone <input type="checkbox"/> Living with Spouse <input type="checkbox"/> Other: _____
<b>Please list any publically funded services the client is currently receiving</b>	<input type="checkbox"/> Vancouver Coastal Health <input type="checkbox"/> Veterans Affairs Canada <input type="checkbox"/> Other (please specify): _____

<b>Services Requested</b>	
<b>Better at Home Services</b>	<input type="checkbox"/> Light Housekeeping <input type="checkbox"/> Transportation <input type="checkbox"/> Minor Home Repair
<b>Life Unlimited Services</b>	<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
<b>Peer Support Services</b>	<input type="checkbox"/> Peer Support
<b>Total Income (Annual)</b> <small>(Only applicable for light housekeeping and transportation clients. Please use amount from line 150 on T1 Income Tax and Benefit Return.)</small>	
<b>Subsidy level</b> <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 service providers.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date (DD/MMM/YYYY)

\_\_\_\_\_  
Signature of Legal Representative

\_\_\_\_\_  
Date (DD/MMM/YYYY)

**Please submit the completed form to:**

- **Email:**    [betterathome@wesn.ca](mailto:betterathome@wesn.ca)
- **Fax:**     1-877-885-6561
- **Mail:**    West End Seniors' Network  
1447 Barclay Street  
Vancouver, BC  
V6G 1J6