



## 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</b>	<input type="checkbox"/> Light Housekeeping <input type="checkbox"/> Transportation <input type="checkbox"/> Minor Home Repair
<b>Life Unlimited</b>	<input type="checkbox"/> Friendly Visiting <input type="checkbox"/> Grocery Shopping and Delivery <input type="checkbox"/> Accompaniment to Medical Appointments <input type="checkbox"/> Friendly Phone Calls and Emails
<b>Peer Support</b>	<input type="checkbox"/> Peer Support
<b>Housing Navigation</b>	<input type="checkbox"/> Housing Navigation
<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
<b>Consent for the Release of Information:</b>	
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)
<b>Please submit the completed form to:</b>	
<ul style="list-style-type: none"> <li>• <b>Email:</b>    <b>info@wesn.ca</b></li> <li>• <b>Fax:</b>      <b>1-877-885-6561</b></li> <li>• <b>Mail:</b>     <b>West End Seniors' Network</b> <b>1447 Barclay Street</b> <b>Vancouver, BC</b> <b>V6G 1J6</b></li> </ul>	