



# FAMILY INTAKE

## Shareholder Information, Part 2

**OFFICE USE ONLY**  
Shareholder No.: \_\_\_\_\_

Family Name:		Name (First, Middle Initial):	
Street Address:		Province:	
City:		Postal Code:	
How long at this address:		Preferred Language	
Home Phone:	(   )   -	Cell Phone:	(   )   -
Work Phone:	(   )   -	Message Phone:	(   )   -

A Contact Person who will always know where the family lives			
Full Name:			
Street Address:		Province:	
City:		Postal Code:	
Home Phone:		Cell Phone:	
Work Phone:		Message Phone:	
Email Address:		Relationship to Family:	

Service or Resource:	Used in Past? Who?	Currently Using? Who?	Needs Now? Who?
<input type="checkbox"/> 1. Mental health services such as individual or family counselling			
<input type="checkbox"/> 2. Religious membership or pastoral counselling			
<input type="checkbox"/> 3. Alcohol/Drug treatment, inpatient or outpatient			
<input type="checkbox"/> 4. Self help or mutual support groups, such as Alcoholics Anonymous or Tough Love			
<input type="checkbox"/> 5. Care for a family member with serious or chronic illness or disability			
<input type="checkbox"/> 6. Prosecution, sentencing, or detention under the criminal or Young Offenders Act			
<input type="checkbox"/> 7. Investigation or action by the Children's Aid Society			
<input type="checkbox"/> 8. Adult continuing education			
<input type="checkbox"/> 9. Attend various First Nation Ceremonies			
<input type="checkbox"/> 10. Other support or social services			

\* Copy & complete this sheet for each **shareholder** stated on Form 1a.