**Client Intake Registration Form Intake date:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
| Last Name |  | First Name |  | Initial |  | DOB (MDY) |  | Sex(M/F) |  | Disability (Y/N) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unit/Apt# |  | Address |  | City |  | Prov. |  | Postal Code |  | Phone |  | Cell |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | |  |  | | |
| How long have you lived in Winnipeg? |  | Where did you move from? |  | E-Mail Address |  | Children (Y/N) | |  | How many children and ages | | |
|  |  |  |  |  |  |  | |  |  | | |
| First Nation/Home Community | | |  | Drivers Licence (y/n) | |  | Identification (Y/N | | |  | Criminal Record (Y/N) |

**Services Required**

|  |  |  |  |
| --- | --- | --- | --- |
|  Counselling & Advocacy   Employment   Housing |  Justice Resources   Financial Resources   Relocation |  Education & Training   Health/Cultural Services  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Disability   Computer & Resources |

**Heritage Language Marital Status Source of Income**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ◊Treaty Status |  | ◊ Cree |  | ◊ Single |  | ◊ Employed |  |
| ◊ Non-Status |  | ◊ Ojibwe |  | ◊ Single Parent |  | ◊ Employment Insurance |  |
| ◊ Metis |  | ◊ Oji-Cree |  | ◊ Married |  | ◊ Income Assistance/Case Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ◊ Inuit |  | ◊Dakota |  | ◊ Divorced |  | ◊ Band Sponsored |  |
| ◊ Other |  | ◊ Dene |  | ◊ Common-Law |  | ◊ Other |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Educational/employment Background** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | |  | | | | | | |  |  | | | | |  |  | | | | | | | | |
| Highest Level of Education | | | |  | | School/Institution | | | | | | |  | Location | | | | |  | year | | | | | | | | |
|  | | | | | | |  |  | | | | | | |  | |  | | | | |  | |
| Job Title | | | | | | |  | Employer | | | | | | |  | | Location | | | | |  | | Date | | | |
|  | | | | | | |  |  | | | | | | |  | |  | | | | |  | |  | | |  |
| **Additional Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | | | | | |  |  | | | | | | | | |  | |  | | | | | | |
| Next of Kin | | |  | | Relationship | | | | | |  | Address | | | | | | | | |  | | Phone | | | | |  | |
|  | | |  | |  | | | | | |  |  | | | | | | | | |  | |  | | | | |  | |
| Referred By | | |  | | Relationship | | | | | |  | Agency | | | | | | | | |  | | Phone | | | | | | |
| **How did you hear about our services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Internet |  | * Flyer/Poster Ad | | | | | | |  | * Probation | | | | | |  | | * Community Centre | | | | | | |  | * CFS Worker | | | | |
| * EIA Worker |  | * EI Worker | | | | | | |  | * First Nation | | | | | |  | | * Employment Centre | | | | | | |  | * Workshop | | | | |
| * Self referral * Eagle’s Nest |  | * Friend/Family * Patient Advocate | | | | | | |  | * Justice * AMC | | | | | |  | | * Past/Current Client | | | | | | |  | * School | | | | |

**CONSENT FORM**

The Eagle Urban Transition Centre (EUTC) provides many support services and access to resources

for Winnipeg’s Urban Aboriginal population. In order to provide these services, we coordinate the activities

of a number of internal and external resources and consult with each other. Thus, from time to time,

EUTC staff needs to share information regarding your support needs and or accommodation requests.

By allowing this consent to share your personal information, we can help them to better understand

your requested service needs in a most expedient manner.

I give permission to the staff of the Eagles Urban Transition Centre to receive and or share my personal and confidential information so that support services can be properly coordinated and implemented. This could include assessments, treatment plans, advocacy/support notes and or progress reports from or to the following parties;

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Initial |  | Initial |  | Initial |
| EIA |  | EI |  | CPP |  |
| CCRA (taxation) |  | Lawyer |  | Education |  |
| CFS Agency |  | Justice |  | Mental Health File |  |
| Addictions |  | MB Hydro |  | CAHRD: |  |
| Other: |  | Other: |  | Other: |  |
| Other: |  | Other: |  | Other: |  |

I understand that I may revoke this consent at any time in writing. I further understand that this consent will expire one (1) year from the date signed.

|  |  |  |
| --- | --- | --- |
| Client Signature |  | Date |
| Witness (EUTC Counsellor) |  | Date |

Revised Aug 2012