

Client Intake Document

All prospective clients must complete and sign this document.

The personal information collected is within the *Personal Information Protection Act (PIPA)*, and is used solely to track your Settlement Needs assessment information. Contact the Immigrant Services Program Director at (403) 320-1589 if you have any questions or concerns.

Last Name _____ First Name _____
 Date of Birth (year/month/day) _____ Country of Birth _____

1) Immigration Classification

Refugee Family Economic Other Classification _____

2) Arrival Dates (year/month/day)

In Canada _____ In Alberta _____ In Lethbridge _____
 Did you move from another province? No Yes – which province? _____ Date _____

Provide the following documents for each person (or member of the family) applying.
 All emailed documents are to be scanned *or photographed* in color with every detail clearly visible.
 All documents are to be given or sent to LFS before an appointment is scheduled.

1. Single Journey Document (*Passport as photo ID is accepted only if SJD is not available*)
2. Confirmation of Permanent Residency OR front & back of your Permanent Resident card
3. *If a Refugee Claimant approved by Court, provide your Refugee Claimant Document and Court Approval Letter*

3) Current Address _____
 City _____ Postal Code _____
 Cell Phone _____ Home Phone _____
 Email address _____
 Sponsor contact info _____

4) What language(s) do you speak? _____
 Do you speak English? Yes No Some Do you require an interpreter? Yes* No

5) What do you need assistance with? _____

6) Family Members who live with you

Last Name _____	First Name _____
Country of Birth _____ Language _____	Age _____ Gender _____
Last Name _____	First Name _____
Country of Birth _____ Language _____	Age _____ Gender _____
Last Name _____	First Name _____
Country of Birth _____ Language _____	Age _____ Gender _____
Last Name _____	First Name _____
Country of Birth _____ Language _____	Age _____ Gender _____

I give consent to Lethbridge Family Services to use this information to open a client file and make an appointment.

Client Signature _____ Date _____

*If my appointment time requires an interpreter, I will call LFS at 403-320-1589 no less than 24 hours in advance to cancel or reschedule my appointment.