

Client Intake Form

All clients are requested to complete this form. The personal information collected is within the *Personal Information Protection Act (PIPA)*. It is used for the purpose of tracking information that will be used to assess your settlement needs. If you have any questions or concerns, please contact the Immigrant Services Program Director at (403) 320-1589.

Family Name: _____ First Name(s): _____

Date of Birth: _____ UCI/FOSS #: _____

1. Are you a Permanent Resident (includes live in care giver; minister permit holders and clients who possess a *Principle Approval for Services* letter from IRCC)?

Yes (If Yes, and photocopy original documents/letters such as Landing Documents, etc.)

No (If No, explain ineligibility and refer client to IRCC website or other agencies.)

2. Category:

Refugee	Family Class	Live-In Caregiver
Canadian Citizen	Other: _____	
Independent; Indicate Classification: _____		
Education / Employment Experience: _____		

2. Date of Arrival in Canada: _____ **Date of Arrival in Lethbridge:** _____

3. Have you moved here from another Canadian City or Province? Yes No

If Yes, from where? _____ Date: _____

If Yes, how have you been supporting yourself financially? _____

4. Referred by: _____

5. Family Members Who Live with You: (Please use additional paper if needed.)

Family Name: _____	First Name(s): _____	Age: _____
Family Name: _____	First Name(s): _____	Age: _____
Family Name: _____	First Name(s): _____	Age: _____
Family Name: _____	First Name(s): _____	Age: _____
Family Name: _____	First Name(s): _____	Age: _____

6. Address: House # / Street: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Email Address: _____

7. What area(s) of assistance do you require?

Help For Children	Legal Info & Services	Financial Assistance	Job Seeking
Resume Support	Employment Mentorship	Friendship with Canadians	Family Doctor
Informal Language Learning	Childcare/Daycare	Educational Credential Recognition	Housing
Basic Needs (Food, Clothing, Material Needs, etc)		Documents (Alberta Health Card, Social Insurance, etc)	
Federal and Provincial Programs (GST, Child Tax Benefit, etc)			

8. Can you communicate in English? Yes No A Little **Do you require an interpreter?** Yes No

9. What language(s) do you speak? _____

10. Are you presently working or in school? _____

11. Do you consent for LFS to use your information provided to open a file for services? (If you do not attend your scheduled appointment, any information you have provided will be destroyed.) Yes No

Client Signature: _____ Date: _____

For Office Use Only

Copies have been made of: Confirmation of Permanent Resident Form / PR Card IRCC Principle Approval Letter

Appointment Date: _____ Time: _____ SP: _____

Status of File:

File Opened? Yes No (If No, provide details) _____

Notification Email sent to: ISP CCVP YSS FCSS

Settlement Practitioner Signature: _____ Date: _____