

## Ukrainian 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 used solely to track 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

Work Permit      Study Permit      Visitor      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. Passport as photo ID **only** if a Single Journey Document is not available.
2. Work Permit for adults; Visitor Record and/or Study Permit for children under 18
3. *If Permanent Resident, then scan front & back of your Permanent Resident card*

### 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.