Bee Schroeder Community & Family Services Advocate 604.463.8296 ext. 112 bee.schroeder@salvationarmy.ca



The Salvation Army Ridge Meadows Ministries Community & Family Services Intake

| CLIENT REGISTRATION NUMBER | | | | |
|----------------------------|----------------|--------|--|--|
| | NEXTCLOUD | L2F | | |
| | SONIA'S CRADLE | BRIDGE | | |
| | SENIOR | COVID | | |

OFFICE USE ONLY

| First Name | Last Name | | | Date of Birth (YYYY-MM-DD) Estimated |
|-------------------------------------|---------------------------|-------------------------|-------------------|--------------------------------------|
| Email | | Phone Number | | Alternate Phone Number BC |
| Street Address | | City | | Province Postal Code |
| No fixed address | Prefer not to say | Lived in Canada less th | an 10 years | |
| Gender: Female | Male Transger | nder Unknow | n Prefer not | to say Other: |
| Marital Status: | | | | |
| Married | Common-law | Divorced | Separated | Widowed |
| Single | Other: | | | Prefer not to say |
| Ethnicity: | | | | Prefer not to say |
| Languages Spoken in | the home: | | | |
| English | Punjabi | Spanish | Arabic | Mandarin or Cantonese |
| French | Other: | | | Prefer not to say |
| Self-identify as: Canadian Citizen | Permanent Resident Other: | Veteran | Non-status | Refugee Claimant Prefer not to say |
| Housing Type: | On the Street | Own Your Home | Private Rental | Social Rental Housing |
| Band Owned | Rooming House | Emergency Shelter | Living with Fami | ly or Friends |
| Group Home | Other: | | | Prefer not to say |
| Disability: | Yes - Does NOT Effect | Mobility Yes - Effects | Mobility: | |
| No Disability | Other: | | | Prefer not to say |
| Highest Education C | ompleted: | | Currently Enrolle | ed in Post Secondary |
| Grades 0-8 | Grades 9-11 | Grade 12 | OAC | Post Secondary (some) |
| Master's Degree | College Diploma | University Degree | Trade Cert./Profe | essional Accreditation |
| PhD | Other: | | | Prefer not to say |
| Sources of income: | | | Net Monthly I | Household Income: \$ |
| Full-time Employment | Part-time Employment | Casual Employment | Seasonal Employn | nent Employment Insurance (EI) |
| Social Assistance | Disability Support | Student Loans | Canadian Pension | |
| Investments | Work Pension | Old Age Security (OSA) | | me Support (GIS) |
| Veterans Disability | Veterans Pension | Child/Spousal Support | Child Tax Benefit | |
| No Income | Other: | | | Prefer not to say |

| Household & Family Members | | | |
|---|---|--|----------------|
| | | | |
| First Name Last Name | Date of | Birth (YYYY-MM-DD) | Estimated |
| Gender: Female Male Transgender Other: | Unknown | Prefer not to say | |
| Relationship to Applicant: | | Prefer not to say | |
| Special Needs: | | Prefer not to say | None |
| Ethnicity: | Unknown | Prefer not to say | |
| Self-identify as: | Unknown | Prefer not to say | |
| | | | |
| First Name Last Name | Date of | Birth (YYYY-MM-DD) | Estimated |
| Gender: Female Male Transgender Other: | Unknown | Prefer not to say | |
| Relationship to Applicant: | | Prefer not to say | |
| Special Needs: | | Prefer not to say | None |
| Ethnicity: | Unknown | Prefer not to say | |
| Self-identify as: | Unknown | Prefer not to say | |
| , | | | |
| | | | |
| | | | |
| First Name Last Name | Date of | Birth (YYYY-MM-DD) | Estimated |
| First Name Last Name Gender: Female Male Transgender Other: | | Birth (YYYY-MM-DD) Prefer not to say | Estimated |
| | Unknown | | Estimated |
| Gender: Female Male Transgender Other: | Unknown | Prefer not to say | Estimated |
| Gender: Female Male Transgender Other: Relationship to Applicant: | Unknown | Prefer not to say Prefer not to say | |
| Gender: Female Male Transgender Other: Relationship to Applicant: Special Needs: | _ Unknown | Prefer not to say Prefer not to say Prefer not to say | |
| Gender: Female Male Transgender Other: Relationship to Applicant: Special Needs: Ethnicity: | Unknown Unknown | Prefer not to say Prefer not to say Prefer not to say Prefer not to say | |
| Gender: Female Male Transgender Other: Relationship to Applicant: Special Needs: Ethnicity: Self-identify as: | Unknown Unknown Unknown Unknown | Prefer not to say | None |
| Gender: Female Male Transgender Other: Relationship to Applicant: Special Needs: Ethnicity: Self-identify as: Last Name | Unknown Unknown Unknown Date of | Prefer not to say Birth (YYYY-MM-DD) | |
| Gender: Female Male Transgender Other: Relationship to Applicant: Special Needs: Ethnicity: Self-identify as: | Unknown Unknown Unknown Unknown | Prefer not to say | None |
| Gender: Female Male Transgender Other: Relationship to Applicant: Special Needs: Ethnicity: Self-identify as: Last Name | Unknown Unknown Unknown Date of Unknown | Prefer not to say Birth (YYYY-MM-DD) | None |
| Gender: Female Male Transgender Other: Relationship to Applicant: Special Needs: Ethnicity: Self-identify as: First Name Last Name Gender: Female Male Transgender Other: | Unknown Unknown Unknown Date of Unknown | Prefer not to say | None |
| Gender: Female Male Transgender Other: Relationship to Applicant: Special Needs: Ethnicity: Self-identify as: First Name Last Name Gender: Female Male Transgender Other: Relationship to Applicant: | Unknown Unknown Unknown Date of Unknown | Prefer not to say | Estimated |
| Gender: Female Male Transgender Other: Relationship to Applicant: Special Needs: Ethnicity: Self-identify as: First Name Gender: Female Male Transgender Other: Relationship to Applicant: Special Needs: | Unknown Unknown Unknown Date of Unknown | Prefer not to say Prefer not to say | None Estimated |

| Household D | ietary Considerations | | | | |
|---------------------------------|---|-------------------------------|--|--------------------------|-------------------|
| Food Allergies: | | | | | None |
| Tree nuts | Gluten | MSG | Peanut | Sesame | |
| Eggs | Dairy | Pork | Shellfish | Soy | |
| Specific Dietary | Needs: | | | | None |
| Vegan | Vegetarian | MSG | Diabetic | Kosher | |
| Halal | | | | | |
| Detailed Food W | Vish List: To add mo | re information please pr | int more sheets and add too ap | oplication, or contact u | s for assistance. |
| | 6 (eg. apples, oranges, bananas, car | rots, potatoes, onions, broc | 1 | | |
| Name | Food Likes & Wants | | Food Dis-likes & Avers | ions | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Grains (eg. oats, bread Name | d, muffins, cereal, quinoa, rice, pas Food Likes & Wants | sta, crackers, etc.) | Food Dis-likes & Aversi | ions | |
| rvanic | TOOL LIKES & Walles | | 1000 Dis-likes & Avers | 10115 | |
| | | | | | |
| | | | | | |
| | | | | | |
| W (0 D : (| | | | | |
| Meat & Dairy (eg. b | peef, pork, chicken, lamb, eggs, mil Food Likes & Wants | lk, almond milk, oat milk, o | cheese, yogurt, soy, etc.) Food Dis-likes & Avers | ions | |
| | Took English of Walls | | 1004 210 11100 0(111010 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Tuesta 8-Confo | | | | | |
| Name | ons (eg. chocolate (dark or light), o Food Likes & Wants | candy, ice cream, cake, etc.) | Food Dis-likes & Avers | ions | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Drinks (eg. water (sp | arkling or still), pop, juice, coffee (| pods or ground), tea, etc.) | | | |
| Name | Food Likes & Wants | | Food Dis-likes & Avers | ions | |
| | | | | | |
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Ridge Meadows Ministries Programs & Services

Check all services you may be interested in now or in the future:

| NOW | FUTURE | Service | Description | | | |
|--|-------------|-----------------------------|---|---------------------|--------------------|--|
| | | Sonia's Cradle | We help provide infant and toddler essentials such as diapers, wipes, formula, and food. This program is only available to families with children up to 3 years old. | | | |
| | | Emergency Hamper | We help provide food to a variety of families and individuals in need. Applicants must be denied/not qualify for the local food bank prior to approval. | | | |
| | | Back-to-school Program | We provide school supplies to families with school aged children. This is a seasonal program. | | | |
| | | Pet Food Bank | We provide emergency pet supplies such as food and littler to families and individuals in need. | | | |
| | | Adopt-a-family | We provide Christmas hampers that include food (or food cards) and toys for families, individuals, and seniors that do not qualify for local Christmas hamper programs. This is a seasonal program. | | | |
| | | School Lunch Bag Program | We provide discreet bagged lunches for children of low income families to various schools in our local district. | | | |
| | | Summer Camp | We provide subsidy for one week of sleep-away camp at Camp Sunshine on the Sunshine Coast of BC. | | | |
| | | Community Meals | Our kitchen, located at the Ridge Meadows Ministries shelter, provide an absolutely FREE meal. | | | |
| | | Emergency Shelter | Our emergency shelter is available for men and women 19+. This is a pet friendly and wheelchair accessible facility. | | | |
| | | Genesis Program | Located above our shelter, the Genesis is a transitional housing program designed for men and women 19+. | | | |
| 0. | •, 1 | | | | | |
| Spi | ritual | | | | | |
| Yo | our respons | se to the following | will NOT impact the services or assistance yo | ou receive today or | r in later visits. | |
| The Salvation Army takes a holistic approach in supporting you and your family, and therefore we would like to discuss spiritual matters with you. Yes No Are you comfortable with this? | | | | | | |
| Are faith and religious matters important to you and/or any of your family members? | | | | | ☐ No | |
| Are you of any of your family members connected to a local faith or spiritual community? | | | | | ☐ No | |
| If you answered "Yes", please provide additional information: | | | | | | |
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