



# Family Place Intake Form

*Your information is considered confidential and will not be shared with any other agency/company.*

PQI client rights and responsibilities (Outlining policy and client rights, Blue form)

Please check which program will you be attending:

Family Place North

Family Place South

**Today's Date** - ( month/day/year) \_\_\_\_\_

**Parent/Legal Guardian**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth - (month/day/year) \_\_\_\_\_

**How do you identify?**

(eg: Male, Female, Non-Binary, Other) \_\_\_\_\_ Preferred pronouns: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse Full Name: \_\_\_\_\_

Date of birth: (month/day/year) \_\_\_\_\_

**Please provide us with the following information regarding your child/ren that will attend the Family Place program:**

Child's first name: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Date of birth: (month/day/year) \_\_\_\_\_

Relevant Medical Information (eg: food allergies): \_\_\_\_\_

Child's first name: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Date of birth: (month/day/year) \_\_\_\_\_

Relevant Medical Information (eg: food allergies): \_\_\_\_\_

Child's first name: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Date of birth: (month/day/year) \_\_\_\_\_

Relevant Medical Information (eg: food allergies): \_\_\_\_\_

**Consent to Photography:** Do you give Family Place program and LCSS, your permission to use and reproduce photographs, video footage of you and your child/ren for promotional and marketing purposes?

YES

NO

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**Emergency Contact Person:**

Name: \_\_\_\_\_ Telephone/Cell : \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Mode(s) of Transportation:**

- Drives own car
  - Public Transit
  - Walk/Bike
- 

**Family Structure:**

- Common Law
  - Common Law with children
  - Divorced
  - Married
  - Married with children
  - Same sex with children
  - Separated
  - Single
  - Single Father
  - Single Mother
  - Widowed
  - Blended Family with children
  - Married but not living together
- 

**Parenting involvement:**

- High level
  - Limited
  - Moderate
  - None
- 

**Parenting Status:**

- Grandparent
  - Guardian
  - No children
  - Parent 19+
  - Parent < 19
  - Pregnant
  - Single Father
  - Single Mother
- 

**Housing situation:**

- Shelter
  - Living independently in rental
  - Shared rental housing
  - Room and Board
  - Family Home
  - Hospital
  - Other
  - Receiving Rent Supplement
  - BC Housing
  - Owns their Home
  - Subsidized Housing
  - Temporary Housing
-

**Employment Status:**

- Casual
  - Full time
  - Home maker
  - Not employed –Interested
  - Not employed – Not Interested
  - Part time
  - Retired
  - Sick leave/Leave of absence/Maternity Leave
  - Student (Full time)
  - Student (Part time)
  - Unemployed
  - Volunteering
- 

**Income source:**

- Canadian Pension Plan
  - Disability
  - Employment
  - Employment Insurance
  - Freelance Income
  - Income Assistance
  - Person with Disabilities
  - Person with persistent multiple barriers
  - Public guardian and trustee
  - Other
- 

**Education level:**

- Some High School
  - Some Post Secondary
  - High School
  - High School Diploma
  - No High School
  - Post -Secondary
  - Trade/Technical
  - Other: \_\_\_\_\_
- 

**Religion:**

- Agnostic
  - Atheist
  - Buddhist
  - Catholic
  - Christian
  - Hindu
  - Islam
  - Jehovah's Witness
  - Jewish
  - Muslim
  - Sikh
  - Non- religion
  - Undeclared
-

**Family Income Bracket:**

- \$0-9,999
  - \$10,000 – 19,999
  - \$20,000- 29,000
  - \$30,000-39,000
  - \$40,000-49,000
  - \$50,000-59,000
  - \$60,000-69,000
  - \$70,000-79,000
  - \$80,000-89,000
  - \$90,000-99,000
  - \$100,000-109,000
  - \$110,000-120,000
  - More than \$120,000
- 

**Nationality/Ethnicity:** \_\_\_\_\_

**Language spoken at home:** \_\_\_\_\_

Interpreter Required

Do you identify as Indigenous?

First Nations – Status

First Nation – Non-Status

Inuit

Metis

Do you live on a Reserve?

Yes

No

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**Citizenship Status:**

Permanent Resident

Canadian Citizen

Other (please specify): \_\_\_\_\_

**Country of Origin (if applicable):** \_\_\_\_\_

**Year of arrival in Canada (if applicable):** \_\_\_\_\_

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How did you hear about Family Place? \_\_\_\_\_

Were you referred to the Family Place program?

If Yes, by who (eg: friend, another program) \_\_\_\_\_

Do you know about the 'Family Place Facebook' page?

Have you looked up for information and resources on the Facebook page?

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**Please add me to:**

Family Place communication email for monthly program highlights and upcoming events:

YES

NO

Langley Community Services Society – General email for news & events:

YES

NO

Any important information you would like to share regarding your family or your child/ren:

\_\_\_\_\_

Is there specific help or support you need for yourself as a parent or a caregiver?

\_\_\_\_\_

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I give \_\_\_\_\_ permission to attend Family Place with my  
child(ren)\_\_\_\_\_.

Date: \_\_\_\_\_  
(month/day/year)

Client Signature: \_\_\_\_\_

***We thank you for your valuable feedback.  
Your information is considered confidential and will not be shared with any other agency/company.***