

Poverty Law Intake

Name: _____ Date: _____

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|--|--|---|
| Address: | City: | Telephone: |
| Email: | Message #: | Referred by: |
| Family Income Source/s: | Canadian Citizen: Yes: ___ No: ___ PR: ___ | Second Language Service needed: Yes: ___ NO: ___ What language: _____ |
| Family Status: Single: _____ Single Parent- # of Children: _____ Couple- no kids: _____ 2-Parent Family- # Of Children: _____ | Mental Health Condition Yes: ___ No: ___ Connected Yes: ___ No: ___ Office: _____ | Age: Under 19: ___ 19-59: ___ 60+: ___ Gender: Male: ___ Female: ___ Other: _____ |

Client Service Request**Income Assistance:** Applying for IA: ___ PWD: ___ PPMB: ___ Investigation: ___ Other: ___**Provincial Appeal:** Recon Stage: ___ Tribunal Stage: ___**Date Client Informed of Decision:** _____ **Appeal Deadline:** _____**Federal Program:**

CPPD Application: ___ CPPD Appeal – Deadline: _____

CRA: ___ EI: ___ FPP: ___ Other: ___

Contact Record**1st Call Back:****2nd Call Back:**

Provided Information: ___ Resolved: ___ Referral Provided: _____

Date Closed:**Program Database #:**