

Poverty Law Intake

Name: _____

Date: _____

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 #: