Family & Friend Caregiver Supports Intake Form

United Way British Columbia

*denotes required fields for reporting.

Participant Information		
Status: ☐ Active ☐ Inactive		
***First Name:**	**Middle Name:**	***Last Name:**
Prefix	**Suffix**	
Preferred Name:		
***Date of Birth:**	***Age:**	
Phone (Primary):	**Phone (Secondary):**	
Phone Notes:	**Email:**	
Street Address:	**Address Line 2:**	
City:	**Province:**	
Postal Code:	**Billing First Name:**	
Billing Last Name:	**Billing Relationship:**	
Billing Phone:	**Billing Email:** **Bill by Email?** ☐Yes ☐No	
Access Instructions (ex. Buzzer #):	**Household Notes:**	
***Living Arrangement:** ☐Living Alone ☐Do not live alone ☐Unknown ☐Prefer not to disclose	**Marital Status:** ☐Married ☐Common Law ☐Single ☐Divorced ☐Widowed ☐Prefer not to disclose	
***Gender (choose one):** ☐Male ☐Female ☐Non-Binary ☐Prefer not to disclose ☐Unknown		
***Ethnic origin:** ☐Black ☐East Asian (e.g. Chinese, Japanese, Korean) ☐Latin, Central or South American ☐South Asian ☐Southeast Asian (e.g. Vietnamese, Filipino) ☐West Asian/Middle Eastern (e.g. Iranian, Afghan) ☐White ☐Prefer not to disclose ☐Other:_____ ☐Unknown		
***Indigenous Peoples:** ☐Indigenous, First Nations ☐Indigenous, Inuit ☐Indigenous, Métis ☐Not applicable		
***Indigenous Peoples – Residential Context:** ☐Indigenous Living On-Reserve ☐Indigenous Living Off-Reserve / Away-from-home ☐Unknown ☐Not applicable		
***Primary Language:** ☐American Sign Language (ASL) ☐Arabic ☐Cantonese ☐English ☐French ☐Farsi/Persian ☐German ☐Hindi ☐Indigenous language(s) ☐Japanese ☐Korean ☐Mandarin ☐Portuguese ☐Punjabi ☐Russian ☐Spanish ☐Tagalog/Filipino ☐Ukrainian ☐Vietnamese ☐Other_____ ☐Unknown		
***Referral Source (Select all that apply):** ☐bc211 ☐Host organization ☐Advertisement ☐Other community-based agency ☐Allied health professional ☐Physician ☐Nurse ☐Friend/family ☐Self-referral ☐Other_____ ☐Unknown		

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Referral Notes:	
Emergency Contact Information	
First Name:	**Last Name:**
Relationship:	**Email:**
Phone (Primary):	**Phone (Secondary):**
Lifeline / Lock Box / PIN:	**Emergency Contact Notes:**
PART II	
***Intake Date:**	***Intake Staff:**
***Relationship to Care Recipient:** ☐Parent/guardian ☐Spouse/partner ☐Adult child/adult Child-in-law ☐Sibling ☐Friend/neighbour ☐Other Relative ☐Other_____ ☐Prefer not to disclose	
Do you consider yourself to be (check all that apply): ☐Primary caregiver ☐Secondary caregiver ☐Team caregiver ☐Distance caregiver	
How many years have you been in the caregiver role(s) (choose one): ☐Less than 1 ☐1-2 ☐3-5 ☐6-10 ☐Over 10 ☐Prefer not to disclose	
Care Recipient Information (please respond on the care recipient that the caregiver (participant) is most involved with, if there is more than one care recipient)	
***Date of Birth:** Note: Year is sufficient if birth date cannot be acquired. In this case, set month and day to 01. YYYY slash MM slash DD)	
Lives with caregiver: ☐Yes ☐No	
What is the primary health concern responsible for the majority of caregiving efforts (choose one): ☐Cancer ☐Cardiovascular ☐Diabetes ☐Mental illness ☐Dementia ☐Neurological ☐Aging/Frailty ☐Eye ☐Injury ☐Arthritis ☐Development delay ☐Other:_____	
Care Recipient Notes:	
Caregiver Services	
***Please only respond to services the caregiver delivers and/or helps with. Activities of Daily Living (ADLs) (check all that apply):** ☐Mobility in bed ☐Transfer ☐Mobility in home ☐Mobility outside of home ☐Dressing ☐Eating ☐Toilet Use ☐Bladder/bowel care ☐Personal hygiene ☐Bathing ☐Other: _____	
***Caregiver Services Instrumental Activities of Daily Living (IADLs) (check all that apply):** ☐Meal preparation ☐Housework ☐Managing finances ☐Managing medications ☐Shopping ☐Transportation ☐Substance use management ☐Other:_____	

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How many hours a day on average do you spend on caregiving? (choose one): ☐1-3 ☐4-6 ☐7-10 ☐Over 10 ☐Prefer not to disclose
How many days a week on average do you spend on caregiving? (choose one): ☐1-2 ☐3-4 ☐5-6 ☐7 ☐Prefer not to disclose
Supports
Individual Supports ☐One-to-One Support/Check In ☐Information/referrals ☐Caregiver navigation ☐Informal Respite ☐Circles of Support ☐Other Individual Support:_____
Group Support: ☐Caregiver Support Groups ☐Education & Workshops ☐Group Activities ☐Special Events ☐Other Group Supports: _____
Staff Notes:
Communication Log:
Consents
Program Participation Consent: ☐Yes ☐No
Has the participant signed the Photo Consent form? ☐Yes ☐No