



HOME MANAGEMENT INTAKE FORM

Healthy and Safe Communities Department

Phone: 905-546-4804; Fax: 905-546-3095

Email: homemanagement@hamilton.ca

| Referring Agent Information | | | |
|--|--|--|--|
| Date of Referral | | Referring Agency | |
| Name | | Phone Number | |
| Is the client aware of this referral? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Do you have a current consent form signed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are there any safety alerts on this file? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Is the client residing in City Housing Hamilton? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has this client been on the Home Management Program previously? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please indicate any changes in their situation that would justify the client coming back on the program: | | | |
| | | | |

| Client Information | | | |
|--|-------|------------------|--|
| Client Name | | DOB | |
| | | Gender | |
| Phone | | Alternate Phone | |
| Address | Unit# | | |
| City | | Postal Code | |
| Marital Status | | Source of Income | |
| Spouse Name | | DOB | |
| Next of Kin | | Relationship | |
| Dependents in the home – Provide all Names and DOB's | | | |
| | | | |

| Referral Information | |
|--|--|
| Reason for Referral/Recent Changes: (i.e. birth of child, separation etc.) | |
| | |
| Client's Perception of Issues: | |
| | |
| Other Agency Involvement (i.e. PHN, CAS, Hamilton Housing etc.) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| Other Relevant Information (i.e. Interpreter required, safety hazards, current infestations, pets, etc.) | |
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