



Brandon Friendship Centre Inc.

COVID 19 Intake Form

Client #: _____

Date: _____

Client Name: _____

Spouses Name: _____ D.O.B _____

Mailing address: _____ D.O.B _____

Phone Number: _____

Message Number: _____

How many people reside in your household? ____Adults ____Children

First Name Last Name M/F Age

First Name Last Name M/F Age

First Name Last Name M/F Age

First Name Last Name M/F Age

First Name Last Name M/F Age

Aboriginal Metis Non-Status Inuit Non-Aboriginal

Marital Status: Single Married/Common Law Divorced Widowed

Do you have any family supports, community supports or any other supports that you currently utilize? Yes No

If so what are they?: _____

Source of income: Employed EIA Recipient EI Retired/Pension

Do you receive any of the following?:

Child tax benefit GST benefit Canada worker benefit 55 Plus supplement

Widows pension EIA supplement Guaranteed income supplement Rent assist CPP

OAS Disability

Health Concerns: Diabetes COPD/Respiratory illness/Asthma

Other: _____

Specify: _____

Food Allergies: Yes No

If so what are they?: _____

Do you have mobility issues? Yes No

Additional notes

Office use only

Client #: _____

Hamper #: _____

BFC Member: Yes No