ALL NATIONS OUTREACH SOCIETY

GENERAL INTAKE FORM

Complete with the participant. An asterisk (*) marks information normally needed to process the intake.

If anyone is in immediate danger, call 911. This form is not an emergency service. Staff: explain privacy and its limits before gathering sensitive information.

1. INTAKE DETAILS

Intake date (YYYY-MM-DD) *

Intake worker / volunteer *

File / reference number

Intake method

☐ In person ☐ Phone ☐ Video ☐ Outreach ☐ Other

2. PARTICIPANT INFORMATION

Legal name *

Name used / preferred name

Date of birth (YYYY-MM-DD)

Pronouns (optional)

Preferred language

Address / community (optional)

Phone

Email

Safe to leave a message?

☐ Yes ☐ No

Preferred contact

☐ Phone ☐ Email ☐ Text ☐ No contact

Gender (optional) - select one

☐ Male ☐ Female ☐ Other

3. PARENT, GUARDIAN OR REPRESENTATIVE - IF APPLICABLE

Name

Relationship / legal authority

Phone / email

Authority verified by / date

ALL NATIONS OUTREACH SOCIETY

NEEDS, GOALS & ACCESS

Ask only what is relevant. Identity questions are voluntary and must not affect access to service.

4. REASON FOR CONTACTING US

What brought you to All Nations Outreach Society today? *

What would you like help with first?

5. SERVICES OR SUPPORTS REQUESTED - CHECK ALL THAT APPLY

- [ ] Information / navigation
- [ ] Advocacy
- [ ] Cultural or community connection
- [ ] Food / basic needs
- [ ] Housing support
- [ ] Health / wellness referral
- [ ] Family / youth support
- [ ] Employment / education
- [ ] Forms / identification
- [ ] Other

Other support or details

6. ACCESS, COMMUNICATION AND ACCOMMODATION

Access, communication or accommodation needs

Interpreter / language support requested

Best days / times

7. VOLUNTARY IDENTITY INFORMATION

Share only if relevant to respectful service, referrals or program eligibility. You may skip this section.

- [ ] Tsleil-Waututh
- [ ] Squamish
- [ ] Musqueam
- [ ] Métis
- [ ] Inuit
- [ ] First Nations
- [ ] Non-First Nations
- [ ] Status First Nations
- [ ] Non-status First Nations
- [ ] Other / describe

Nation, community, culture or other identity terms you want us to know

ALL NATIONS OUTREACH SOCIETY

SAFETY, REFERRAL & PRIVACY

Use a trauma-informed approach. Do not promise confidentiality beyond legal and safety limits.

8. SAFETY AND URGENT NEEDS

Ask sensitively and only as needed. If there is immediate danger, call 911. If there is reason to believe a person under 19 needs protection in British Columbia, promptly report to child welfare at 1-800-663-9122; internal approval is not required.

Does the participant identify an immediate safety concern?

☐ Yes ☐ No ☐ Declined / not discussed

Concern and immediate action taken (minimum necessary facts)

Emergency contact (optional)

Relationship / phone

9. REFERRAL INFORMATION

Referred by / organization

Contact information

May we contact the referral source about this intake?

☐ Yes ☐ No ☐ Yes, limited to:

Other organizations currently involved (optional)

10. PRIVACY EXPLANATION AND PARTICIPANT CHOICES

- We collect the minimum personal information needed to assess, provide, coordinate and improve services, meet legal duties, protect safety and administer our work.
- Information is shared only with authorized people and service providers, or when you consent or the law permits or requires it. Limits can include imminent safety concerns, child-protection reporting, court orders and other legal duties.
- You may ask about your information, request access or correction, and raise a privacy concern with the Society's privacy officer: [name / title / contact].

Participant confirms the privacy explanation was provided and understood:

☐ Yes ☐ Questions / follow-up needed

Questions, limits or follow-up

ALL NATIONS OUTREACH SOCIETY

CONSENT, PLAN & STAFF USE

Consent is ongoing and may be withdrawn prospectively, subject to legal and service-record requirements.

11. CONSENT TO SERVICE AND INFORMATION HANDLING

I confirm that the information I provided is true to the best of my knowledge. I understand the service described to me, including its purpose, limits, privacy practices and complaint process. I voluntarily agree to intake, assessment and service coordination by All Nations Outreach Society. I may ask questions, decline optional questions or services, and withdraw consent for future activity, subject to legal obligations and records already created.

☐ I consent to intake and service coordination ☐ I do not consent / need more information

Participant name

Signature (print copy) / typed acknowledgment

Date (YYYY-MM-DD)

Representative name / authority, if applicable

Staff witness

12. INITIAL SERVICE PLAN

Participant's first goal / desired outcome

Agreed next steps - action, responsible person and target date

Next appointment / follow-up

Preferred follow-up method

13. STAFF USE ONLY

Eligibility / program / priority decision

Referrals made and consent recorded

Risk / privacy / safeguarding follow-up and supervisor review

Assigned worker

Supervisor review / date

Record entered / date