



INTAKE FORM

First name

Last name

Date of birth

Current address

City

Postal Code

Last permanente address (if different)

City

Postal Code

Telephone number

Email address

Preferred method of contact

Preferred time for contact

Who referred you to ChezRachel?

Languages spoken fluently

How many children do you have?

Number of children in your care

Age of children in your care

Who has custody of your children?

Are you involved with other agencies? (Police, CFS, EIA, etc.)

Do you or your children have any serious health issues?

Do you have a history of alcohol or drug abuse? If yes, please explain

Are you currently employed?

If yes, what are your working hours?

What are your current sources of income?

Describe the domestic abuse you and/or your children are experiencing

Are you and/or your children in physical danger? Explain.

Have you physically left your abuser?

Do you have a protection order in place?