

NANAIMO WOMEN HELPING WOMEN

GENERAL INTAKE FORM

PRINT OR TYPE CLEARLY

To be completed by the referring agency in conjunction with the client. Please fill out this form and email to nanaimowomenhelpingwomen@gmail.com	
Referring Organization	Date of Referral/
Name of Organization	Staff Contact Phone Number
FULL Name of Staff Contact	Staff Contact Email Address
Client Information	
FIRST Name of Client	LAST Name Initial of Client
Contact Number	☐ Single Person OR ☐ Mom and child(ren)
Can this contact number receive text message? YES / NO	
GIFT CARDS	HOUSING SUPPORT
GAS GROCERY TIM HORTONS A&W MCDONALDS SUBWAY PANAGO DOLLAR STORE	HOTEL STORAGE LOCKER RENT DAMAGE DEPOSIT HOUSE CLEANING TENT MOVING EXPENSES CAMPING FEE
SERVICES	TRANSPORTATION SUPPORT
PREMADE MEALS INCOME TAX PHONE (SIM CARD, CHARGER) BILL PAYMENT	BUS TICKET(S) MONTHLY BUS PASS CAR INSURANCE

IS THIS CLIENT MOVING INTO HOUSING AND WILL BE RECEIVING SUPORT IN HOME FURNISHING? If yes, please see attached household essential form.

YES NO

DOES THIS CLIENT REQUIRE CLOTHING FOR THEMSELVES OR OTHERS IN THEIR HOUSEHOLD?

YES NO

If yes, please email us at nanaimowomenhelpingwomen@gmail.com to arrange a date for the client to shop at no cost with Big Brothers & Big Sisters' Northfield Road location. Please **do not** send client before a date is set.