

Snowflake House Respite Foundation

Client Intake Form

Client Information

Name:

Age:	Date of Birth:	Address:	City:
Prov.	Postal Code:	Phone:	Alternate Phone:
Diagnosis (if any):			Medication:
Other Service Providers:			Health Care #:
Grade:	School:	# of Siblings (more info on back):	
Hours allotted:	Funding Source:	Funding Duration:	

Parent Information

Mother/Guardian:		Father/Guardian:	
Address: <small>(if different)</small>		Address: <small>(if different)</small>	
City/Prov.		City/Prov.	
Postal Code:	Phone:	Postal Code:	Phone:
Email:		Email:	
Employer:		Employer:	
City:		City:	
Position:		Position:	
Phone:	Hours:	Phone:	Hours:
Email:		Email:	

Additional Contact info for Mother/Guardian (optional)	Additional Contact info for Father/Guardian (optional)
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Emergency Contact Name:	Phone:
Phone:	Relationship:

Additional Information (Separation Agreements, Court Orders, etc...)

Application information continued

Sibling Information

1. Name:	2. Name:
Date of Birth/Age:	Date of Birth/Age:
Address: <small>if different</small>	Address: <small>if different</small>
Diagnosis (if any):	Diagnosis (if any):
School/Grade (if any):	School/Grade (if any):
Sibshop Participant?	Sibshop Participant?

3. Name:	4. Name:
Date of Birth/Age:	Date of Birth/Age:
Address: <small>if different</small>	Address: <small>if different</small>
Diagnosis (if any):	Diagnosis (if any):
School/Grade (if any):	School/Grade (if any):
Sibshop Participant?	Sibshop Participant?
Additional Sibling Information:	

Additional Client Information

Client's Likes:	Client's Dislikes:
Client's Strengths	Client's Areas of Need:

(INITIAL)	I HEREBY GIVE PERMISSION TO SNOWFLAKE HOUSE RESPITE FOUNDATION TO USE PICTURES, AND/OR FIRST NAMES, AND/OR QUOTES OF MYSELF AND/OR MY CHILD(REN) FOR THE PURPOSE OF PROMOTING SNOWFLAKE HOUSE RESPITE FOUNDATION
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Signature of Applicant:	Date:
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Signature of Snowflake House Representative:	Date:
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