

**Snowflake House Respite Foundation
CLIENT INTAKE FORM**

CHILD INFORMATION

Name:		
Date of birth:	Age:	Phone:
Current address:		
City:	Province:	Postal Code:
Diagnoses (if any):	Medication:	
Other Service Providers:	Health Care #:	
School:	Hours per week:	Siblings:
Grade:	Funding source:	Funding Duration:

PARENT INFORMATION

Mother/Guardian:		Father/Guardian:	
Address: <i>if different from above</i>		Address: <i>if different from above</i>	
City:	City:	Prov:	
Phone:	Phone:	Postal Code:	
Email:	Email:	Fax:	
Employer:		Employer:	
Address:	Address:	City:	
Prov:	Prov:	Postal Code:	
Phone:	Phone:	Fax:	
Position:	Position:	Email:	

Emergency Contact Name:		
Address:		Phone:
City:	Prov:	ZIP Code:
Relationship:		

SIBLING INFORMATION

1. Name:		2. Name:	
Date of birth:	Date of birth:	Sibshop Participant?	
Address: <i>if different from above</i>	Address: <i>if different from above</i>		
Diagnosis (if any):	Diagnosis (if any):		
School/Grade: <i>(if applicable)</i>	School/Grade: <i>(if applicable)</i>		
3. Name:		4. Name:	
Date of birth:	Date of birth:	Sibshop Participant?	
Address: <i>if different from above</i>	Address: <i>if different from above</i>		
Diagnosis (if any):	Diagnosis (if any):		
School/Grade: <i>(if applicable)</i>	School/Grade: <i>(if applicable)</i>		

APPLICATION INFORMATION CONTINUED

ADDITIONAL INFORMATION	
Child's likes:	Child's dislikes:
Child's strengths:	Child'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
Signature of applicant	Date
Signature of Snowflake House Representative:	Date