



**YWCA Harbour House Outreach Program
VAS
Client Information**

Today's Date: _____

Name: _____ Partner Name: _____

Client DOB: _____ Partner DOB: _____

Address: _____

Postal Code: _____

Landline: _____ Leave a message: Yes _____ No _____

Cell: _____ Leave a message: Yes _____ No _____

Does Client Identify as an Aboriginal Client: Yes _____ No _____

Does Client Live on Reserve (main residence on reserve): Yes _____ No _____

First Nation: _____ Metis: _____ Inuit: _____ Unknown: _____

Immigration Status:

Canadian Citizen:	
Permanent Resident/Landed Immigrant:	
Refugee:	
Temporary Resident Visa:	
No Status/Undeclared:	
Other(specify):	

a) Country Client Immigrated from: _____

b) Date of Arrival in Canada: _____

c) Language Spoken: _____

Emergency Contact:

a) Name (First and Last): _____

b) Relationship to Client: _____

c) Phone Number(s): Home _____ Cell _____
Other _____

I hereby give consent to the YWCA Lethbridge and District staff to contact the person listed above in the event of an emergency (this may include but is not limited to a medical emergency or upon the request of the police).

(Client's initials)

Relationship Status:

Married: _____ Common Law: _____ Separated: _____

Divorced: _____ Single: _____ Dating: _____ Other: _____

How long have you been together?

Children's Legal Names (First and Last)	Date of Birth	Residing with whom	Child Welfare Involvement

Are you currently employed: Yes _____ No _____

If not employed, what is your source of income?

ABW _____ AISH _____ Widow's pension _____

Other _____

Do you have any Medical Concerns?

Has alcohol, drugs or gambling been a problem for you? _____

Are you thinking about killing yourself?

Has your partner ever threatened or attempted to kill themselves?

Has alcohol, drugs or gambling been a problem for your partner?

Police service Involved: LRPS _____ RCMP _____ BT _____

Did you want the charges laid? _____ NCO: Yes _____ No _____

Does the abuser possess or have access to guns? _____

If yes, how many and where are they located?

Types of abuse you have experienced in your adult relationships?

a) Physical _____ b) Sexual _____ c) Psychological _____ d) Verbal _____

e) Financial _____ f) Spiritual _____

Who do you have as a support system?

a) Family _____ b) Friends _____ c) Professional _____

d) Other _____

Referral Source:

Comments

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**CONSENT TO COLLECTION AND DISCLOSURE OF
CONFIDENTIAL INFORMATION**

I, _____ (the client) give consent to the YWCA Lethbridge and District Outreach staff to collect and share information for the purpose of service delivery, advocacy and referrals. Confidential information will be shared with the following organizations:

- Alberta Department of Justice and Attorney-General or any officer of the Court
- Department of Solicitor General (i.e. Police officers, Probation officers, Duty officers)
- Southwest Alberta Child and Family Services
- Domestic Violence Action Team

Client Signature: _____

Witness Signature: _____

Date: _____