



# Additional Persons Intake Form for Family Place

Please check which program will you be attending:

- Family Place North
- Family Place South

**Today's Date** – (month/day/year) \_\_\_\_\_

**Please provide us with the name of the child/ren that you will be attending the Family Place program:**

Child's first name: \_\_\_\_\_  
 Child's last name: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Date of birth - (month/day/year) \_\_\_\_\_  
 Relevant Medical Information (eg: food allergies): \_\_\_\_\_

**How do you identify?**

(eg: Male, Female, Non-Binary, Other) \_\_\_\_\_  
 Preferred pronouns: \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact Person: (someone other than yourself)**

Name: \_\_\_\_\_ Telephone/Cell : \_\_\_\_\_

**Employment Status:**

**Working:**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Part Time  | <input type="checkbox"/> Not employed –Interested      |
| <input type="checkbox"/> Full Time  | <input type="checkbox"/> Not employed – Not Interested |
| <input type="checkbox"/> Home maker | <input type="checkbox"/> Maternity Leave               |
|                                     | <input type="checkbox"/> Other: _____                  |

**Education level:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Some High School    | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Trade/Technical |
| <input type="checkbox"/> Some Post Secondary | <input type="checkbox"/> No High School      | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> High School         | <input type="checkbox"/> Post Secondary      |  |

**Family Income Bracket:**

- |  |  |
|--|--|
| <input type="checkbox"/> \$0-9,999         | <input type="checkbox"/> \$60,000-69,000     |
| <input type="checkbox"/> \$10,000 – 19,999 | <input type="checkbox"/> \$70,000-79,000     |
| <input type="checkbox"/> \$20,000- 29,000  | <input type="checkbox"/> \$80,000-89,000     |
| <input type="checkbox"/> \$30,000-39,000   | <input type="checkbox"/> \$90,000-99,000     |
| <input type="checkbox"/> \$40,000-49,000   | <input type="checkbox"/> \$100,000-109,000   |
| <input type="checkbox"/> \$50,000-59,000   | <input type="checkbox"/> \$110,000-120,000   |
|  | <input type="checkbox"/> More than \$120,000 |

---

**Nationality/Ethnicity:** \_\_\_\_\_

**Language spoken at home:** \_\_\_\_\_  Interpreter Required

- Do you identify as Indigenous?
- First Nations – Status     First Nation – Non-Status
- Inuit     Metis
- Do you live on a Reserve?

---

**Citizenship Status:**

- Permanent Resident     Canadian Citizen
- Other (please specify): \_\_\_\_\_

**Country of Origin (if applicable):** \_\_\_\_\_

**Year of arrival in Canada (if applicable):** \_\_\_\_\_

---

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_  
(month/day/year)

## Part 1 - Client Rights, Responsibilities and Limits to Confidentiality

### CLIENTS RIGHTS

LCSS adheres to a policy that will promote and protect the rights of the participants and we support the following rights:

- ❖ To be treated with respect and dignity.
- ❖ To have services provided within sound, established standards of professional practice.
- ❖ To be included in the development of individual treatment/service planning, to express an opinion and to have that opinion be considered.
- ❖ We support the fostering and development of each person's unique characteristics to their fullest potential and will consider their strengths, needs, abilities, and preferences.
- ❖ To have services provided in a culturally sensitive manner.
- ❖ Freedom from discrimination based on race, color, ancestry, place of origin, gender, religion, sexual orientation, handicaps, or social status.
- ❖ Freedom from physical, sexual, and emotional abuse, harassment, physical punishment,
- ❖ Freedom from psychological abuse, including humiliation, threats, and any exploitation.
- ❖ The right to access advocacy and self-help services.
- ❖ To be provided with relevant information to facilitate positive decision-making.
- ❖ The right to informed choice.
- ❖ The right to privacy pertaining to self, home, and family. No participant shall be compelled or pressured to disclose more than they are comfortable disclosing.
- ❖ The right to confidentiality except where limited by law.
- ❖ To refuse all or part of treatment/services or to leave treatment/services at any time.
- ❖ The right to refuse participation in any research project.
- ❖ The right to access information on legal resources to obtain appropriate legal representation.
- ❖ The right to lodge a complaint regarding services received without fear of retaliation.

## CLIENTS RESPONSIBILITIES

- ❖ To treat LCSS staff, volunteers and other service users with respect.
- ❖ To not act in a rude, aggressive or abusive manner towards staff, volunteers or other service users.
- ❖ To attend all sessions in a sober condition, you must be free from the effects of any mood-altering substances during appointments. If the staff believes this to not be true, your appointment will be rescheduled.
- ❖ To follow schedules and rules of the program.
- ❖ To provide relevant information as a basis for receiving services.
- ❖ To participate in service decisions.
- ❖ To inform program staff if you are unable to keep a scheduled appointment and to take responsibility for re-scheduling
- ❖ To participate in partnership with staff and other clients (where appropriate), taking responsibility for your interactions and reactions
- ❖ To inform us (through the complaint process) if you feel that any staff member has treated you unfairly or has breached the Code of Ethics or confidentiality
- ❖ To respect the rights, dignity and confidentiality of other people you may come into contact with through your involvement with LCSS
- ❖ To refrain from any behavior that compromises the safety of other clients or program staff.

## LIMITS TO CONFIDENTIALITY

All sessions are confidential.

LCSS cannot release information without your signed consent.

There are some exceptions to this confidentiality where staff are required to disclose certain information.

### **These exceptions are:**

- ❖ Reporting child abuse or neglect, including MCFD initiated child protection investigation under the “Child, Family and Community Service Act.”
- ❖ Responding to a threat of harm to self or others.
- ❖ Responding to a medical emergency.
- ❖ Complying with subpoenas, court orders or other legal requirements.
- ❖ Statistical data reporting to our funder as required by our contracts.
- ❖ Case reviews with other staff and program supervisor.
- ❖ Where required by contracts (e.g. MCFD referrals) reports will be sent to funder.

The information you share with us is collected under the guidelines of the Freedom of Information and Protection of Privacy Act and will be used for program planning to improve our services. Langley Community Services maintains appropriate levels of information gathering, recording, and sharing.

## Part 2 - Photography/Video/LCSS and Family Place Mailing List Consent and Release

I hereby grant Langley Community Services Society (LCSS) the use and release of photographs and other images of me and my child(ren) for all society-related promotional materials, marketing efforts, and productions without restriction. This release applies to all images of me and my child(ren) in print, electronic, video, and broadcast formats, in addition to the use of my name, comments, and endorsements that may serve to assist LCSS with its promotional and marketing efforts. I agree that LCSS may use, edit, and reproduce these images in any form and that they may share these images with other media for purposes related to the Society's promotional and marketing efforts. In so doing, I release all claims against LCSS and other media with respect to copyright, publication, or use of such photographs or video footage, including any claims for compensation related to their use. I understand this form will be maintained in the LCSS Main Office.

I also understand that if, at any time, I wish to withdraw this consent a written notification can be sent to the Privacy Officer for LCSS via the above address or by email at [Privacy@lcss.ca](mailto:Privacy@lcss.ca).

- I give permission to have me and/or my child(ren) photographed.
- I do not give permission** to have me and/or my child(ren) photographed.
- I give permission to be on the Family Place mailing list  
\* monthly calendars, newsletters and important information
- I give permission to be on the LCSS (agency) mailing list

## Part 3 – Acknowledgement

I declare that the information I provided is true to the best of my knowledge. I have also read and understood the photography/video/LCSS mailing list consent as well as my rights, responsibilities, release of information and limits to confidentiality outlined above.

I hereby affix my signature below as my consent and acknowledgement of the above.

Participant Name (please print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FILE VERIFICATION**

**I have received the following from Family Place North and South and consent to participate in the program(s).**

- Description of the Program
- PQI Rights and Responsibilities
- Client Intake Form/Additional persons served form
- Client Rights, Responsibilities and Limits to Confidentiality Form
- Consent to Photography
- Consent for LCSS Mailing List
- Consent for Family Place Mailing List

**Intake:**

**Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Senior ECE Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Discharge:**

**Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Senior ECE Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| S.ECE Review | Manager Review | Date of Review |
|--------------|----------------|----------------|
|              |                |                |
|              |                |                |
|              |                |                |
|              |                |                |