



Family Place Intake Form

Please check which program will you be attending:

- Family Place North
 Family Place South

Today's Date - (month/day/year) _____

Parent/Legal Guardian

First Name: _____ Last Name: _____

Date of birth - (month/day/year) _____

How do you identify?

(eg: Male, Female, Non-Binary, Other) _____ Preferred pronouns: _____

Street Address: _____

City: _____ Postal Code: _____

Telephone Home: _____ Cell: _____

Email address: _____

Marital Status: _____ Spouse Full Name: _____

Date of birth: (month/day/year) _____

Were you referred to the Family Place program?

If Yes, by who (eg: friend, another program) _____

Please provide us with the following information regarding your child/ren that will attend the Family Place program:

Child's first name: _____ Child's last name: _____

Date of birth: (month/day/year) _____ Sex of Child: _____

Relevant Medical Information (eg: food allergies): _____

Child's first name: _____ Child's last name: _____

Date of birth: (month/day/year) _____ Sex of Child: _____

Relevant Medical Information (eg: food allergies): _____

Child's first name: _____ Child's last name: _____

Date of birth: (month/day/year) _____ Sex of Child: _____

Relevant Medical Information (eg: food allergies): _____

Emergency Contact Person: (someone other than you)

Name: _____ Telephone/Cell : _____

Relationship to child: _____

Employment Status:

Working:

Part Time

Full Time

Home maker

Not employed –Interested

Not employed – Not Interested

Maternity Leave

Other: _____

Education level:

Some High School

Some Post Secondary

High School

High School Diploma

No High School

Post -Secondary

Trade/Technical

Other: _____

Family Income Bracket:

\$0-9,999

\$10,000 – 19,999

\$20,000- 29,000

\$30,000-39,000

\$40,000-49,000

\$50,000-59,000

\$60,000-69,000

\$70,000-79,000

\$80,000-89,000

\$90,000-99,000

\$100,000-109,000

\$110,000-120,000

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?

Yes

No

Citizenship Status:

Permanent Resident

Canadian Citizen

Other (please specify): _____

Country of Origin (if applicable): _____

Year of arrival in Canada (if applicable): _____

Do you know about the 'Family Place Facebook' page?

Family Place North & South

Have you looked up for information and resources on the Facebook page?

Have you seen LCSS instagram account?

Langleycss

Any important information you would like to share regarding your family or your child/ren:

Is there specific help or support you need for yourself as a parent or a caregiver?

If another person will be attending the program with your child(ren) Please fill in their name below with your child(ren's) names.

I give _____ permission to attend Family Place with my child(ren)_____.

Date: _____
(month/day/year)

Client Signature: _____

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.

- 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