Newcomer Women's Project – Intake Form

Community Resilience Program

Date (month/day/year): _____ Case worker name: _____

Primary Client Information

Last Name: _____ Birthdate: (must be 19+)_____

First Name: _____ Gender: _____

Middle Name: _____

Address: _____

Phone (Home): _____ Email Address: _____

Status in Canada: _____

Country of Birth: _____ Nationality: _____

Language(s): _____ Date of Arrival: _____

First destination/place in Canada (City, Province): _____

Emergency Contact Information

Emergency Contact Name: _____

Phone number: _____ Relationship to client: _____

Level of English

Have you taken the Canadian Language Benchmark Assessment? ☐ YES ☐ NO

BASIC				INTERMEDIATE				ADVANCED		
1	2	3	4	5	6	7	8	9-12		

If you have not completed an assessment, how would you describe your English skills?

☐ BEGINNER (Basic) ☐ Intermediate (Independent) ☐ Advanced (Proficient)

Employment

Prior to arriving to Canada, what was your occupation? _____

Are you currently working? ☐ YES ☐ NO If yes, what is your current job? _____

If no, what type of work are you looking for? What skills or interests do you have?

_____

_____.

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Enable Program for Women, Youth & Community Support

Education

Highest Level of Education: ☐ Highschool ☐ College ☐ Graduate ☐ Not applicable

Program/Degree/Specialty: _____

Family Members

First Name	Last Name	Birthdate day/month/year	Relationship	Status	Date of arrival

OVERVIEW & ASSESSMENT OF SERVICES PROVIDED:

- Case management
- Counselling referrals
- Community Programs/Events
- Workshops

We **DO NOT** provide the following services:

- Immigration Consultation/Services (PR, Citizenship applications, PR card applications/renewal)
- Legal Services
- Tax filing

NEEDS ASSESSMENT Please tell us what you need help or assistance with. Check all that apply:	
Important Documents/Applications	☐ BC Services Card ☐ Driver's License ☐ Information on obtaining ID ☐ GST/HST Credit
Physical and Mental Health	☐ BC Medical Services Plan/BC Fair Pharmacare ☐ Canadian Dental Care Program ☐ Doctor ☐ Dentist ☐ Counselling (Referral)
Child/Youth Care	☐ Canada Child Benefit ☐ BC Childcare Subsidy ☐ Daycare Info & Referral ☐ School registration ☐ VIRCS Enable Program
Employment	☐ Resume & Cover Letter writing ☐ Job application skills ☐ VIRCS P2PTE Program ☐ Work BC
Housing	☐ Applying for BC Housing/Rental Assistance ☐ Applying for shelters ☐ Rental accommodation information
Other Referrals	☐ Community/Recreation Centers ☐ Public Library Information ☐ Interest Groups (ex: LGBTQ2S+, Youth, Cultural, etc.) ☐ Legal Aid ☐ Immigrant Consultant ☐ Tax filing ☐ English Language Training ☐ Social services/Income
Safety	☐ In your current living situation, are you safe? ☐ Do you need help immediately?

Release of Information

I understand that the Community Resilience Program staff may need to refer me to outside services (e.g., counselling, shelters, legal support) to support my safety and well-being. I understand that I may withdraw my consent at any time. By checking below, I give permission for staff to share relevant information about my needs with trusted community partners, only when necessary and with my knowledge.

☐ YES – I give consent to VIRCS Community Resilience Program staff to share my information with external support services to help connect me with appropriate resources.

☐ NO – I do not consent to my information being shared with external service providers.

Understanding Why Personal Information is Collected - VIRCS Release of Liability

I understand all information obtained will be confidential. As the Victoria Immigrant and Refugee Centre Society (VIRCS) permits me to participate in the Community Resilience Program, I for myself, my heirs, my kin, executors and administrators unconditionally waive any and all rights and claims. I release and forever discharge the releases from any and all liability (loss, damage, injury, property or other loss) which I may suffer from any cause arising out of participation during the Community Resilience Program's activities and participation. These liabilities include but are not limited to negligence, breach of contract, breach of any statutory or other duty of care, including any duty of care owed under the Occupier's Liability Act, on the part of any release. I recognize that by signing this document I am waiving certain legal rights, including the right to sue.

I understand and want to continue working with VIRCS and the Community Resilience Program staff.

☐ YES ☐ NO

_____ _____

Client Signature Date