



# INTAKE FORM

DATE OF INTAKE: ..... FILE #: .....

- 1. Referral:  Self Referral  Other (Specify) .....
- If referred, by whom .....

## Personal Information

- 2. Last Name: ..... First Name: ..... Middle: .....
- 3. Date of Birth: yyyy/mm/dd..... Age at Last Birthday: ..... Place of Birth: .....
- 4. Country: .....Province: ..... Territory: .....
- 5. Address: ..... City/Town/Community: ..... Province: .....
- 6. Postal Code: ..... Phone#: ..... Alternate Phone #: .....
- 7. Email Address: ..... Preferred Method of Communication: .....
- 8. Gender Identity: ..... Pronouns: .....
- 9. Ethnic Background:  African  Asian  European  North American Indian  Middle Eastern  
 Metis  Inuit  Indigenous  Other (Specify) .....
- \*If Indigenous:  Status  Non-Status If Status: Band ..... Treaty: .....
- \*If an Immigrant: How long have you been in Canada? ..... Country of Origin: .....
- \* On Reserve  Off Reserve  Other (Specify) .....
- 10. Emergency Contact Person (i.e. spouse, parent, sibling, social worker, etc.).  
Name: ..... Relationship: .....  
Address: .....  
Phone#: ..... Email: .....  
Language preference: .....

## Education

- 11. Level of education completed: (CHECK ALL THAT APPLIES TO YOU)  
 Grade 8 or under  Grade 9 to 11  Completed High School/GED  Modified Grade 12  
 Some Trade School/College  Completed Trade School/College  Some University  
 Completed University  Apprenticeship  Other (Specify) .....
- \*If you did not complete High School, why? .....



## Employment

12. Current Status: (CHECK ALL THAT APPLIES TO YOU)
- Employed  Unemployed  Retired  Full Time  Part Time  Self Employed (FT)
  - Self Employed (PT)  Seasonal  Casual  Apprenticeship  Student  Homemaker
  - Unable to work  Unemployed, available for work  Other (Specify) .....
13. Current Employer: ..... Occupation/Title: .....
14. If not employed, current source(s) of income. (CHECK ALL THAT APPLIES TO YOU)
- EIA  Family  Spouse/Partner  Self (Inheritance/Investments)  Employment Insurance
  - Canadian Pension Plan (CPP)  Workers Compensation  Manitoba Public Insurance (MPI)
  - Other Pension Plan  DisABILITY Insurance  Other Insurance  Social Assistance
  - Other (Specify) .....
15. Have you served in the Military?  Yes  No If yes, which military? ..... When, year(s) .....

## Current Living Situation

16. What is your current living situation, please check the response that are applicable to you:
- Family Home  Apartment (Private)  Apartment (Social Housing)  Rooming House
  - Group Home (Adult)  Transitional Housing  Addiction Treatment Center (Temporary Living)
  - Hospital (In-patient)  Mental Health Treatment Center  Safe House  Correctional Facility
  - Friend/Family (Temporarily)  Shelter  On the Street  Other (Specify) .....
17. Who are you currently living with? (CHECK ALL THAT APPLIES TO YOU)
- Alone  Spouse/Partner  Adult Child(ren)  Dependent Child(ren)  Parents  Friend
  - Roommate  Other (Specify) .....

## Family and Relationship Information

18. Current Marital Status:  Married  Never Married  Common-Law  Separated  Divorced
- Dating  Single  Open Relationship
- \*If in a relationship (partner/spouse name) ..... Phone #: .....
- \*Length of Relationship: ..... \*Ethnic Background of Partner .....
- \*If separated, how long have you been? ..... \*If divorced, how long have you been? .....
- \*Is your partner receiving counselling:  Yes  No  Not Sure
- \* Is there a restraining, no communication, or no contact order?  Yes  No
- If yes, what is the date of the order? ..... For how long? .....



19. How many long-term relationships have you had since your 18th birthday? .....  
 \* Was there child(ren) in those relationship, biological or not?  Yes  No
20. What is or was the length of the current/last relationship? .....  
 \* Is there child(ren) in this relationship, biological or not?  Yes  No
21. Was there abuse in any of your previous long-term relationships?  Yes  No  
 \*What type of abuse/s (Specify): .....

**Information regarding your child(ren):**

22. How many children do you have? .....
23. If the child(ren) is not living with you, do you have access to all?  Yes  No
24. List your child(ren) and the type of access you have beside each child’s name.  
**List type of access? S for Supervised R for Restricted US for Unsupervised UR for Unrestricted.**
- I. Name ..... Age ..... Gender ..... Type of access .....  
 Who is child living with? .....
- II. Name ..... Age ..... Gender ..... Type of access .....  
 Who is child living with? .....
- III. Name ..... Age ..... Gender ..... Type of access .....  
 Who is child living with? .....
- IV. Name ..... Age ..... Gender ..... Type of access .....  
 Who is child living with? .....
- V. Name ..... Age ..... Gender ..... Type of access .....  
 Who is child living with? .....

*(IF YOU HAVE MORE THAN FIVE CHILDREN, PLEASE LIST THEM ON AN ADDITIONAL SHEET OF PAPER.)*

25. Is there any Child and Family Services (CFS) involvement regarding any of your above-named child(ren)?  
 Yes  No If yes, is it?  Current  Past
26. What is or was the reason for involvement with CFS? .....  
 \*If current, Which Agency? ..... \*Office Address: .....  
 \*What is the name of the worker? ..... \*Contact number: .....
27. Do you have child(ren) in care?  Yes  No If yes, how many? .....
28. Do you have access to the child(ren) in care?  Yes  No
29. Have you ever fought in front your child(ren)?  Yes  No

- 30. Have you ever fought with your partner or any other person when you believed your child(ren) is asleep?  
 Yes  No
- 31. Have you ever displayed abusive behaviour towards your spouse or any other person in front of your child(ren)?  Yes  No
- 32. Have you ever displayed abusive behaviour towards your spouse or any other person when you believed your child(ren) is asleep?  Yes  No
- 33. Have your partner or any other person in the home displayed visible injuries due to abuse, while the child(ren) are present in the home?  Yes  No
- 34. Using a scale of 1 to 10, rate the relationship you have with your child(ren). .....  
*[1- No relationship and 10 Very good relationship]*

### **Mental Health & Substance Use**

- 35. Have you ever experienced learning disability?  Yes  No
- 36. Have you ever experienced mental health condition(s)?  Yes  No
- 37. Are you currently experiencing mental health condition(s)?  Yes  No  
\*If yes, which condition(s) do you struggle with? (Specify).....
- 38. Have you ever been diagnosed with any mental health condition or learning disability?  
 Yes  No  Not sure
- 39. Do you currently struggle with alcohol or substance use issue?  Yes  No
- 40. If yes, what do you struggle with, alcohol and or drugs?  Alcohol  Drugs  Both
- 41. Are you currently getting help with your usage issue?  Yes  No
- 42. Do you believe you have anger management issues?  Yes  No  
\*If yes, have you received counselling before?  Yes  No  
\*If yes, where? ..... When? (yyyy/mm/dd): .....

### **Physical Health**

- 43. Do you have any physical illness?  Yes  No
- 44. Are you currently receiving treatment for any physical ailment?  Yes  No
- 45. Do you have any Physical DisABILITY:  Yes  No Please list: .....
- 46. Do you have any allergy?  Yes  No If yes, what kind .....
- 47. Do you have a terminal illness (e.g. HIV, cancer, etc.)?  Yes  No If yes, what kind .....



### Criminal Justice Involvement

- 48. Have you ever been charged for a criminal offence, since age 18 years old?  Yes  No  
 \*If yes, please specify.....
- 49. Have you ever been incarcerated after conviction?  Yes  No If yes, what year? .....
- 50. Do you have any pending court appearances?  Yes  No If yes, list charge(s).....
- 51. I am currently on:  Probation  Parole When does the order expire? .....
- 52. What are the conditions of your probation? (CHECK ALL THAT IS APPLICABLE)  
 No contact with victim  Abstain from alcohol/drugs  Alcohol/substance use treatment or  
 Counselling  Weapon prohibition  Other (specify) .....
- 53. What is Probation/Parole Officer’s name? ..... Contact #: .....
- 54. Is there a protection order against you?  Yes  No If yes, date of order .....
- 55. Have you ever been charged for breaching a court order?  Yes  No If yes, date .....
- 56. Have the police been called to your home because of domestic violence?  Yes  No  
 \*If yes, how many time? .....
- 57. Have you ever been charged with any domestic violence related offence(s)?  Yes  No  
 \*If yes, what type? ..... When? (yyyy/mm/dd) .....
- 58. Have you ever been convicted or plead guilty to charge(s) related to domestic violence?  Yes  No  
 \*If yes, what offence? ..... When? .....
- \*Was it against your partner or child(ren)?  Partner  Child(ren)
- 59. Have you ever used violence against a youth outside of your family?  Yes  No  
 \*If yes, please list date(s) .....

### Parenting

- 60. How would you describe your parenting style?  Permissive  Structured  Authoritative   
 Authoritarian
- 61. Do you believe your relationship with your child(ren) need to be improve?  Yes  No
- 62. What type of improvement do you believe is needed?  
 .....  
 .....
- 63. Do you co-parent your child(ren)?  Yes  No
- 64. In an average week, how many hours does your child(ren) spend with you? ..... hours



65. How would you rate the relationship with your children?  Excellent  Good  Not sure  Not so good  
 Bad  No relationship at all

66. Have you ever conducted yourself in such a manner that it could physically or emotionally abuse your child(ren)?  Yes  No

67. Do you think you are at risk of maltreating your child(ren)?  Yes  No

68. Would you say you have an over-bearing, and/or controlling style of interacting with your child(ren)?  
 Yes  No

69. Would you say you are distant in relationship with your child(ren)?  Yes  No

70. Have you ever physically or emotionally abused your child(ren)'s mother?  Yes  No

71. Would you say the relationship with your current partner or ex is hostile?  Yes  No

72. Have you left a previous relationship and your children behind?  Yes  No

\* If yes, what was the reason for leaving?

.....  
 .....

73. Are you contemplating leaving your current relationship?  Yes  No

74. If yes, do you plan to still be involved in your children's life?  Yes  No

75. In what way would you be involved in their lives?

.....  
 .....

76. Are you currently involved in court proceedings that could terminate your parental rights with your child(ren)?  Yes  No

77. Do you currently have a support system?  Yes  No

\* If yes, who (CHECK ALL THAT APPLIES)?  Family  Friends  Professional  Other .....

78. How often do you engage your support? Please specify (e.g. daily, weeks, months)? .....