United Way British Columbia | Working with communities in BC's Interior, Lower Mainland, Central & Northern Vancouver Island

Therapeutic Activation Program for Seniors (TAPS) Participant Intake

denotes required fields for reporting.
*OPTONAL: all other fields that do not have an asterisk * are only for program sites as needed and will not be required or collected by UWLM.*

***Intake date** (yyyy/mm/dd): _____	☐ Inactive **Inactive date** (yyyy/mm/dd): _____
***Intake staff:** _____ * Region	Reason: _____

***Referral source** (choose one) 紹介（一つ選択）:
☐ bc211 ☐ Host organization ☐ Other community-based agency ☐ Advertisement ☐ Physician
☐ Allied health professional ☐ Nurse ☐ Home Health Nurse ☐ Hospital (Registered Nurse)
☐ Hospital (Social Work) ☐ Friend/family ☐ Self-referral ☐ Unknown ☐ Other_____

Participant Information

***First name** 名:	**Middle name:**
***Last name** 氏:	***Personal Health Number** (PHN) MSP 番号:
Phone (Primary) 自宅電話: _____	**Phone (Secondary)** 携帯電話: _____
Email メールアドレス: _____	
***Date of birth** (yyyy/mm/dd) 誕生日: Note year is sufficient if birth date cannot be acquired	***Gender** (choose one) 性別: ☐ Male 男性 ☐ Female 女性 ☐ Other その他: _____ ☐ Prefer Not to Disclose 無回答 ☐ Unknown

Street address 住所: _____

City: _____ **Province**: _____ ***Postal code**: _____ **Country**: _____

Lifeline ライフライン: _____ **Lock Box** ロック箱:_____ **PIN**: _____

***Living Arrangement:** ☐ Living alone 独居 ☐ Do not live alone 同居 ☐ Unknown

Marital status: ☐ Married 既婚 ☐ Common law 内縁関係 ☐ Single 未婚 ☐ Divorced 離婚
☐ Widowed 死別

***Ethnic origin** (choose one) 人種:

☐ Anglo-Canadian ☐ French-Canadian (Quebecois, Acadian) ☐ European ☐ African
☐ North American Indigenous (First Nations, Indigenous, Metis, Inuit) ☐ Oceania
☐ East/South East Asian (Chinese, Vietnamese, Japanese) ☐ South Asian (Indian, Pakistani)
☐ West Asian/Middle Eastern (Persian) ☐ Caribbean ☐ Latin, Central, or South American
☐ Other: _____ ☐ Prefer Not to Disclose

***Primary language** (choose one) 使用言語:

☐ English ☐ French ☐ Indigenous Language ☐ German ☐ Korean ☐ Mandarin
☐ Cantonese ☐ Punjabi ☐ Tagalog ☐ Farsi ☐ Spanish ☐ Other_____

Emergency Contact(s) 緊急連絡先

Name 氏名:	**Relationship** 本人との関係:
Phone (Primary) 自宅電話:	**Phone (Secondary)** 携帯電話:
Email メールアドレス:	

***Income** 年収: ☐ less $24,000 ☐ above (or equal to) $24,000

*How comfortable do you feel living independently at home? ご自宅で自立した生活を送ることに、安心感はありますか？	Not at all (1) 安心できない	A little (2) あまり安心できない	Somewhat (3) 少し安心している	Very (4) 安心している	Not applicable (5) 該当せず
	☐	☐	☐	☐	☐

*How have things been going for you in the past 6-months? 過去６カ月の調子は如何ですか？	Very bad (1) 良くない	Bad (2) あまり良くない	Bad and good about equal (3) 良い悪い半々くらい	Good (4) 良い	Very good (5) とても良い
	☐	☐	☐	☐	☐

*Do you find it hard to complete daily activities (such as making meals, banking, getting around, shopping, and meeting other people) due to physical, mental, or emotional challenges? 身体、精神、または感情面で困難があるために、日常生活（食事を作る、銀行との取引、あちこち移動する、買い物、人と会うなど）をこなすのが難しいと感じますか？	Yes (1) はい	No (2) いいえ	Prefer not to say (3) 無回答
	☐	☐	☐

OFFICE USE: Services: services requested and relevant details (check all that apply):

Physical activity	Arts	Transportation	Information resources	Social services	Technology	Day programs	Wellness checks	Other (MoW)

☐ Telephone Buddy 電話友だち ☐ Telephone Check In 安否確認留守電 ☐ Visitation 訪問
☐ *Meals on Wheels (Tuesdays) お弁当配達（毎週火曜）
- Indicate if any dietary concerns.アレルギー・食事制限など_____
☐ *Medical Interpreter 医療通訳
☐ *Medical Transportation 医療送迎サービス *TG Services with fee 隣組有料サービス
☐ Consents – TAPS: * Program participation consent: Yes / No * Program research consent: Yes / No
☐ Consents – All programs: **Has the participants signed the photo consent: Yes / No Date signed: _____