LAMP / East Mississauga CHC

**OFFICE USE ONLY**

Client File #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GROUP  DATA **

#### Entered: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ /\_\_\_\_\_\_

**Initials:**



Version: Sept. 2017

**Community Registration Form**

**and** Service Agreement

CONFIDENTIAL

PLEASE CLEARLY PRINT YOUR INFORMATION – THANK YOU!

If you have any questions or would like to speak to someone about filling out this form, please ask a staff member.

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| Last Name | First Name | Today’s DateDay\_\_\_\_\_\_ Month\_\_\_\_ Year\_\_\_ |
| Preferred Name (optional) | Preferred Pronouns (optional) | Date of Birth Day\_\_\_\_\_\_ Month\_\_\_\_ Year\_\_\_ |
| Address | Postal Code |
| Home Phone # | Work Phone # | Cell Phone # |
| Emergency Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email (optional) |
| Health Card # \_\_\_\_\_\_ - \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_ Version Code: \_\_\_\_ Expiry Date: Day\_\_Month\_\_\_/Year\_\_\_ |
| **Gender Identity:** ❒Female ❒Intersexed ❒Male ❒Trans Female to Male ❒Trans Male to Female ❒Two-Spirit ❒Other (Please Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❒ Do not know ❒Prefer not to answer |
| □ **Uninsured**   □ IFH # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | □ Out of ProvinceProvince:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **LAMP/EMCHC Photo/Video Authorization -** *I hearby authorize the use of any pictures/video taken for the purposes of promotion or marketing of LAMP programs and services.* Yes*(If yes, please sign :) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No Signature of Parent Signature of MemberC:\Users\adriennem\AppData\Local\Microsoft\Windows\INetCache\IE\ENSIY6VO\arrow-25894_960_720[1].pngPlease continue on next page **For Office Used Only (Enhanced Youth Space)**Card Number Assigned  **Date Entered (yyyy/mm/dd)** |

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| **LAMP Community Health Centre**185 Fifth Street, Etobicoke ON, M8V 2Z5 Tel: 416-252-6471 Fax: 416-252-4474 [www.lampchc.org](http://www.lampchc.org)  | **East Mississauga Community Health Centre**7 – 2555 Dixie Rd., Mississauga ON, L4Y 4C4Tel: 905-602-4082 Fax: 905-602-5432www.eastmississaugachc.org |

**Socio-Demographic Information:**

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| **We Ask Because We Care**We are collecting social information from clients to find out who we serve and what unique needs our clients have. We will also use this information to understand client experiences and outcomes. **ALL INFORMATION COLLECTED IS KEPT STRICTLY CONFIDENTIAL.****Do I have to answer all the questions?** - No. The questions are voluntary and you can choose ‘prefer not to answer’ to any or all questions. This will not affect your care/service.**Who will see this information?** - This information will be visible only to your providers and protected like all your other health information. If used in research, this information will be combined with data from all other clients and no one will be able to identify any of the clients. |

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| **1a. What language would you feel most comfortable speaking in with your health care provider?** Check **ONE** only |
| 🞎 1. Amharic  | 🞎 9. English | 🞎 17. Korean | 🞎 25. Somali | 🞎 33. Urdu |
| 🞎 2. Arabic | 🞎 10. Farsi | 🞎 18. Nepali | 🞎 26. Spanish | 🞎 34. Vietnamese |
| 🞎 3. ASL | 🞎 11. French | 🞎 19. Polish | 🞎 27. Tagalog | 🞎 35. Other (please specify): |
| 🞎 4. Bengali | 🞎 12. Greek | 🞎 20. Portuguese | 🞎 28. Tamil |
| 🞎 5. Chinese (Cantonese) | 🞎 13. Hindi | 🞎 21. Punjabi | 🞎 29. Tigrinya |
| 🞎 6. Chinese (Mandarin) | 🞎 14. Hungarian | 🞎 22. Russian | 🞎 30. Turkish | 🞎 98. Do not know |
| 🞎 7. Czech | 🞎 15. Italian | 🞎 23. Serbian | 🞎 31. Twi | 🞎 99. Prefer not to answer |
| 🞎 8. Dari | 🞎 16. Karen | 🞎 24. Slovak | 🞎 32. Ukrainian |

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| **1b. If you chose a language above that is not English or French, which of Canada's official languages are you most comfortable with?** Check **ONE** only. |
| 🞎 English🞎 French |

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| **2. Were you born in Canada?**  |
|  🞎 1. Yes 🞎 2. No 🞎 98. Do not know 🞎 99. Prefer not to answerIf **NO**, what year did you arrive in Canada? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If **NO**, what country were you born in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **3. Which of the following best describes your racial or ethnic group?** Check **ONE** only |
| 🞎 1. Asian - East (e.g. Chinese, Japanese, Korean) | 🞎 11. Latin American (e.g. Argentinean, Chilean) |
| 🞎 2. Asian - South (e.g. Indian, Pakistani, Sri Lankan) | 🞎 12. Métis |
| 🞎 3. Asian - South East (e.g. Filipino, Vietnamese) | 🞎 13. Middle Eastern (e.g. Egyptian, Iranian) |
| 🞎 4. Black - African (e.g. Ghanaian, Kenyan, Somali) | 🞎 14. White - European (e.g. English, Italian, Russian) |
| 🞎 5. Black - Caribbean (e.g. Barbadian, Jamaican) | 🞎 15. White - North American (e.g. Canadian) |
| 🞎 6. Black - North American (e.g. Canadian) | 🞎 16. Mixed heritage (e.g. Black - African & White - North American) Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 7. First Nations |
| 🞎 8. Indian - Caribbean (e.g. Guyanese with origins in India) | 🞎 17. Other(s): Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 9. Indigenous/Aboriginal - *not included elsewhere* | 🞎 98. Do not know |
| 🞎 10. Inuit | 🞎 99. Prefer not to answer |

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| **4. Do you have any of the following?** Check **ALL** that apply |
| 🞎 1. Chronic Illness | 🞎 7. Sensory Disability (i.e. hearing or vision loss) |
| 🞎 2. Developmental Disability | 🞎 8. Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 3. Drug or Alcohol Dependence | 🞎 9.None |
| 🞎 4. Learning Disability | 🞎 98. Do not know |
| 🞎 5. Mental Illness | 🞎 99. Prefer not to answer |
| 🞎 6. Physical Disability |  |

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| **5. What is your sexual orientation?** Check **ONE** only if you are **13 years of age or older** |
| 🞎 1. Bisexual | 🞎 4. Lesbian | 🞎 7. Other (Please Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 2. Gay | 🞎 5. Queer  | 🞎 98. Do not know |
| 🞎 3. Heterosexual | 🞎 6. Two-Spirit | 🞎 99. Prefer not to answer |

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| **6. What was your total family income before taxes last year?** Check **ONE** only |
| 🞎 1. $0 - $14,999 | 🞎 5. $30,000 - $34,999 | 🞎 98. Do not know |
| 🞎 2. $15,000 - $19,999 | 🞎 6. $35,000 - $39,999 | 🞎 99. Prefer not to answer |
| 🞎 3. $20,000 - $24,999 | 🞎 7. $40,000 - $59,999 |  |
| 🞎 4. $25,000 - $29,999 | 🞎 8. $60,000 or more |  |
| **How many people does this income support?** **\_\_\_\_\_\_**# of person(s) 🞎 98. Do not know 🞎 99. Prefer not to answer |

**If you are 18 years of age or older, please also answer the following three questions:**

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| **7. How would you describe your sense of belonging to the community?** Check **ONE** only**(Sense of belonging is feeling like you are part of something, connected and accepted)**  |
| 🞎 1.Very strong | 🞎 2.Somewhat strong | 🞎 3.Somewhat weak | 🞎 4.Very weak |

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| **8. In general, would you say your overall physical health is:**  |
| 🞎 1.Excellent | 🞎 3.Good | 🞎 5.Poor |
| 🞎 2.Very Good | 🞎 4.Fair |  |

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| **9. In general, would you say your overall mental health is:**  |
| 🞎 1.Excellent | 🞎 3.Good | 🞎 5.Poor |
| 🞎 2.Very Good | 🞎 4.Fair |  |

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| **LAMP/EMCHC CODE OF CONDUCT** |
| **R** | **espect, cooperation, and understanding.** LAMP/EMCHC celebrates diversity and welcomes everyone.  |
| **E** | **veryone has rights:** to be treated with dignity and respect; to be free from discrimination and harassment; to ask questions; to confidentiality; and to give feedback without fear of consequences.  |
| **S** | **taff, clients, volunteers, and visitors will create a welcoming and safe place for all.** Harassment, discrimination, violence, threats and abusive behavior will not be tolerated or permitted and may result in suspension from LAMP. All complaints are taken seriously and will receive a timely response.  |
| **P** | **lease follow the policies of LAMP.** * LAMP is a scent free building.
* Trading, selling, using, or having alcohol/drugs, or possession of weapons is not permitted on the premises.
* Photography/videography is only permitted with obtained consent.
 |
| **E** | **xpectations at LAMP include all members holding each other responsible for upholding this code.**  |
| **C** | **onsider that we may be obligated to report to the appropriate authorities if we are aware:** that youare going to try to hurt yourself, or someone else; that you are in danger; about abuse of a person; or if you threaten, harass, or discriminate against another person.  |
| **T** | **hose who wish to help LAMP/EMCHC build a healthy community** are encouraged to participate, take leadership, join LAMP membership, or volunteer. |
| **I have read, understand, and agree to the conditions of membership at LAMP/EMCHC.**Signature of Member: Date: Signature of Parent: Date:  |

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| PROGRAMS THAT ARE OFFERED: (dependent on site) |
| * Adult Drop-In
* Adult Learning
* Among Friends
* ASK! Community Information
* Chiropody (Foot) Clinic
* Client Advocacy (Notary Public)
* Community Development
* Counselling
 | * Dental Care
* Diabetes Education
* Early Years Centre
* Harm Reduction
* Health Education
* LGBTTIQQ2SQ\* Programs
* Nutrition Education
* Occupational Health

*\*Lesbian, Gay, Bisexual, Transgender, Transsexual, intersex, Queer, Questioning, 2 Spirit* | * Physiotherapy
* Primary Health Care
* Seniors Wellness Program
* Social Work
* Student Nutrition
* Telemedicine (health care network)
* Youth Programs
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Signature of Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_