

Women's Outreach Boundaries Group Intake Form

Name: _____ Date: _____

Address: _____ Phone/Cell: _____

IS IT SAFE TO LEAVE A MESSAGE AT THIS NUMBER? Yes No Aboriginal Yes No

MARITAL STATUS

Single One parent family Same sex family
Couple, no dependents Two parent family Extended family

CHILDREN

Age: _____ Gender: Female Male Age: _____ Gender: Female Male
Age: _____ Gender: Female Male Age: _____ Gender: Female Male

FINANCIAL STATUS

Employed AISH SFI EI Other _____

AGE

18-24 25-55 56-64 65 and over

WHICH GROUP (8 weeks) would you like to sign up for?

FALL Group (September) WINTER Group (January) SPRING Group (April)

WHICH TIME FRAME do you prefer?

Tuesday 1 pm – 3 pm Wednesday 6 pm – 8 pm Thursday 9 am – 11 am

PRESENTING ISSUES (please indicate all that apply to you)

Domestic Violence Anger Management Other _____
Relationships Stress Management
Self-esteem Parenting

What is your immediate need? _____

REFERRAL INFORMATION (how did you hear about this program?)

Domestic Violence Court Friends/family The Outreach Centre
Previous involvement with this program Other _____

Have you attended any groups at The Outreach Centre before? Y/N

If so, which ones? _____

There is a \$25.00 registration fee for this group. If this is an issue, please talk to Ruby to make further arrangements.

Central Alberta Women's Outreach respects your privacy. We protect personal information and adhere to all legislative requirements with respect to access and protecting privacy. The information you provide will be used to deliver programs, services, and to maintain statistics.

Mission: Helping women who have chosen to pursue a safer, healthier, and more secure life for themselves and their families.