



CLIENT ASSESSMENT FORM

Date:

D	D	M	M	Y	Y
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Client #

Y	Y	M	M	#	#	#
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Assessed by: _____

Assessment Centre: _____
(SWM, AJIC, AHIC, ICSC, BIC, IANWC, WC)

1. Client Personal Information

(A) First Name: _____ Last Name: _____

(B) Gender: *Male / Female*

(C) Marital status: *Single / Married / _____*

(D) Date of Birth

D	D	M	M	Y	Y	Y	Y
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(E) Address: _____
_____, Calgary, AB. Postal Code: _____.

(F) Phone # _____ (G) Email: _____

(H) Name of Spouse: _____ *First Name* _____ *Last Name* _____

(I) Spouse Phone# _____

2. Client Dependant Information

(A) Details of Dependents:

Dependant No.	Relationship to Client	Name of Dependant	Date of Birth	Age	Gender M / F



3. Client Employment Information

(A) Current Employment Status

Full-time Part-time Un-Employed Student, not working

(B) If un-employed, when was your last job terminated: _____

(C) If student, are you receiving: Student Loan / Scholarship / Bursaries / Funding / _____.

(D) Employability Skills/ Work Experience

4. Client Financial Information

(A) Number of Bank accounts (Including Client's & Dependant's): 1 / 2 / 3 / 4

(B) Names of Banks: _____, _____, _____, _____.

(C) Average Employment income per month for the past 3 months: \$ _____.

(D) Government benefits/support received in the past 3 months:

Name of Benefit/Support	Amount (A)	Duration (B)	Amount/Month (C=A/B)
Total Amount received per Month			

(E) Support received from any charitable organizations in the past 3 months:

Name of Organization	Amount (A)	Duration (B)	Amount/Month (C=A/B)
Total Amount received per Month			



(F) Student Loan / Scholarship / Bursaries/ Funding received by Client or Dependant in the past 3 months:

Name of Organization	Amount (A)	Duration (B)	Amount/Month (C=A/B)
Total Amount received per Month			

(G) Any other income received in the past 3 months: _____.

(H) Average Household income per month for the past 3 months: _____.

(4.C + 4.D + 4.E + 4.F + 4.G)

5. Client's Immediate requirement:

Item	Amount	Required Documents
House Rent		Rental Agreement with Client's name on it
Utilities		Utility Bills - Verify Address with rental agreement and Driver's License
Groceries		Justified amount based on family size
Medical Expenses		Pharmacy bills for prescription medication
Transportation		Transit Passes for the Client and dependants
Clothing		Justified amount based on family size
School Fee		School Outstanding fee payment document required
Total Requirement		

6. Documents provided by Client:

- Driving License showing current address
- Latest Notice of Assessment from CRA
- 3 months Bank statement of all accounts
- Rental Agreement
- Utility Bills for the past 3 months

- _____
- _____
- _____
- _____
- _____



7. Assessment officer's Recommendations:

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Signature of Assessment Officer : _____ **Date:** _____

8. WECARE Central Committee Recommendations:

Approved

Supporting WECARE Sub Committee: _____

One time Support / Recurring (Weekly / Monthly)

Support Start Date: _____ **Support End Date:** _____

Support to be provided:

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Follow up report required: Yes / No

Required more info/Documents

Comments :

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Declined

Comments:

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Signature of WECARE Chair: _____

Date: _____