



225 28 St SE, Calgary, T2A 5K4, AB

Phone number: 403-291-0222

For Office Use Only
Name: _____
Contact #: _____
Client id#: _____

CHECK LIST

List of Documents to be submitted to Assessment Officer during Assessment Visit scheduled at your closest Islamic Centre:

- ID: copy of Driver's License / Passport Copy- landed immigrant or refugee status
- List of Names of all Banks
- Bank statements (**all pages with client's name**) for the last 3 months of all accounts
- Average employment income per month for the last 3 months: \$ CAD amount
- Government Support/ Benefits received over the last 3 months: \$ CAD amount
- Support received from ANY charitable/non-profit organizations: \$ CAD amount
- Student loans/ bursaries received over the past 3 months: \$ CAD amount
- Average household income: \$ CAD amount
- Other income received in the past 3 months: \$ CAD amount
- Rental agreement with client's name on it: \$ CAD amount
- Utility bills for last 3 months: verify address with rental agreement and driver's license
- Evidence of loans owned by client (CRA/ other loans)
- Medication: pharmacy bills for prescription
- Transportation: monthly city transit receipts
- Clothing: justified amount based on family size
- Most recent assessment of CRA Income Tax Return

*Failure to submit all these documents will not enable us to proceed with the application. We can definitely email the list to the client in order to have ample time to prepare them. We can't send the application form via email. The intake has to come in person to our center.

*Please call **the WeCare Centre** at 403-291-0222 for additional information or send an

email to admin@wecarecanada.ca or programs@wecarecanada.ca



CLIENT ASSESSMENT FORM

Date:

D	D	M	M	Y	Y
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Client # _____

Volunteer's Name & contact : _____

Assessed by: _____ Assessment Centre: _____

(SWM, AJIC, AHIC, ICSC, BIC, IANWC, WC)

Declaration: I solemnly declare that I am a Sunni Muslim & eligible for Zakat, and the information provided are true and complete, to the best of my knowledge _____

(Client's Signature)

1. Client Personal Information

(A) First Name: _____ Last Name: _____

(B) Gender: *Male / Female*

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

(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: _____

(I) Spouse Phone# _____

(J) Current Status in Canada _____

2. Client Dependent Information

(A) Details of Dependents:

Dependent No.	Relationship to Client	Name of Dependent	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 & Dependent'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/registered 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 /other funding received: Any member of family (last 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: _____

(I) RRSP/GOLD/ Investments or ASSESTS (property, land) = \$ _____

TOTAL ASSESTS ((4.C + 4.D +4.E +4.F+4.G+4.H+4.I)) = \$ _____

5. Client's Immediate Expenses:

Item	Amount	Required Documents
House Rent		Rental Agreement
Utilities		Utility Bills
Groceries		Justified amount based on family size
Medical Expenses		Pharmacy bills for prescription medication
Transportation		Transit Passes for the client and dependents
Clothing		Justified amount based on family size
School Fee /Tuition		School outstanding fee payment document
Child care		Care giver's contact/document
Loans/Mortgages		Official Bank documents etc.
Total Expenses		

6. Client's Requirement:

(1) Requirement Total ASSETS minus EXPENSES _____

(2) Assistance need for (a) One Time Only (b) Continuous for _____ months

(3) Assistance Requested for _____ CAD/month

Any Other details client likes to add:



7. Volunteer's Recommendations:

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.....

Signature of Volunteer: _____ **Date:** _____

8. Assessment officer's Recommendations:

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.....

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

9. 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:

Follow up report required: Yes / No

Required more info/Documents

Comments :

Declined

Comments:

Signature of WECARE Chair: _____

Date: _____