



STAFF USE ONLY	
CSSP STAFF: File Number: _____	Intake Date (DD/MM/YY): _____
Newcomer Occupation in Canada: Select from dropdown menu	_____

## Client Intake Form COMMUNITY SUPPORT SERVICES PROGRAM

<b>Temporary Resident with Work Permit by Program:</b>		
<input type="checkbox"/> Temporary Foreign Worker (TFW) program <input type="checkbox"/> Post-Graduate Work Permit (PGWP) <input type="checkbox"/> International Mobility Program (IMP)		
<b>Name:</b>		
<b>First:</b>		<b>Last:</b>
<b>Date of Birth:</b> (DD/MM/YY)	<b>Country of Birth:</b>	<b>Newcomer Official Language of Choice:</b> <input type="checkbox"/> English <input type="checkbox"/> French
<b>Arrival Date in Canada</b> (DD/MM/YY):	<b>Work Permit Expiry:</b> (DD/MM/YY)	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		
<b>Current Occupation in Alberta:</b>		
<b>Newcomer Dependants in Canada:</b>		<b>Newcomers with Disabilities</b>
<input type="checkbox"/> Spouse/Common Law <input type="checkbox"/> Child(ren) (0-4) <input type="checkbox"/> Child(ren) (5-11) <input type="checkbox"/> Child(ren) (12-17) <input type="checkbox"/> Adult (18-24)		<input type="checkbox"/> Physical disability <input type="checkbox"/> Hearing disability <input type="checkbox"/> Sight disability <input type="checkbox"/> Mental health <input type="checkbox"/> Other
<b>Newcomer Employment Status:</b>		<b>Newcomer Years of Education:</b>
<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Unemployed with EI <input type="checkbox"/> Unemployed without EI <input type="checkbox"/> Not seeking Employment		<input type="checkbox"/> No Formal Education <input type="checkbox"/> Elementary/Primary School (1-8) <input type="checkbox"/> Secondary/High School (9-12) <input type="checkbox"/> Technical/Vocational <input type="checkbox"/> University/College
<b>Cell Phone/Home Phone:</b>		<b>E-mail Address:</b>

**Declaration / Consent**

I hereby consent Calgary Catholic Immigration Society to the disclosure of my personal information to any authorized employee or contractor of Alberta Employment and Immigration to assist, evaluate and assess my case. All information is protected by the Freedom of Information and Protection of Privacy Act.

**Client / Guardian Signature:** .....

**Date:** .....

We know that violence and abuse in the workplace is a problem for many people and can directly affect them. If you would like information on abuse and where you can get help for yourself or for someone you know, we have information available.