



**BCMA SOCIAL SERVICES INTAKE FORM**

This intake form is to be completed by the Social Services Directors when assessing the needs of an individual at the Masjid.

Date: \_\_\_\_\_

Completed by:

Name of Translator (if applicable):

Name and Gender ( M or F)	
Address	
Cellphone and Home phone	
Email	
Type of Housing and Rent	
Source(s) of Income:	
Family composition (spouse, children include ages and any special needs, parents, other family members in the household)	
Current Immigration status (include date of arrival and immigration experience)	
Languages(s) (incl. English language level)	
Support System (Family, Mosque, Friends)	
Connected to formal services (settlement worker, Family Doctor, employment services)	

<p>Primary issue(s)</p>	<ul style="list-style-type: none"> <li>○ Financial need (see zakat information)</li> <li>○ Food (see food bank information)</li> <li>○ Immigration (see resource list)</li> <li>○ Mental Health/Counseling (see resource list)</li> <li>○ Domestic violence (see nisa homes)</li> <li>○ Islamophobia/Legal (Islamophobia helpline)</li> <li>○ Social isolation</li> <li>○ Other: _____</li> </ul>
<p>Immediate safety concerns? (if yes, create safety plan)</p>	
<p>Notes or Comments :  (include any resources given to client)</p>	

Confidentiality Policy and Consent