



GENERAL INTAKE FORM

Agape Residential Care Foundation
Edmonton, Alberta T6W 1C2

1. CHILD / YOUTH INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____ Grade: _____

School: _____

Primary Diagnosis / Main Support Needs: _____

2. PARENT / GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____

Phone: _____ Email: _____

Parent/Guardian 2 Name: _____

Phone: _____ Email: _____

3. REFERRAL SOURCE (Please check one)

Self Referral

School

FCSS

Community Agency

Website / Online Search

Social Media

Other:

4. SERVICES REQUESTED

In-Home Respite

Hours Requested Per Week:

Community-Based Respite

Preferred Days/Times: _____

After-School Care

Requested Start Date: _____

5. ADDITIONAL INFORMATION

Allergies / Medical Concerns: _____

Emergency Contact Name & Phone: _____

6. CONSENT

I confirm that the information provided is accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Intake Line: 587-926-9961 | info@theagapecare.org | www.theagapecare.org