



# Mount Pleasant Neighbourhood House

800 East Broadway • Vancouver BC, Canada • V5T 1Y1

Phone: 604.879.8208 • Fax: 604.879.4136 • info@mpnh.org • www.mpnh.org

SENIORS FULL NAME \_\_\_\_\_ DATE OF INTAKE \_\_\_\_\_

## Mount Pleasant Neighbourhood House – Senior Programs Intake Form

Seniors Outreach Strategy (SOS) Programs and services for **seniors aged 55 and older** promote mental wellness and social inclusion, as well as provide assistance with non-medical day-to-day tasks so that they can continue to live independently.

**Instructions: Detailed information is required. Complete and email to: [Omnia El Shayeb: oelshayeb@mpnh.org](mailto:Omnia.El.Shayeb@mpnh.org)**

<p><b>SERVICE(S) REQUESTED</b></p> <p><i>*Please tick all that apply. You may be contacted by a staff to complete additional referral information which may be required.</i></p>
<p><b>Assisted Grocery Shopping</b> - Volunteers shop and deliver – Seniors is responsible for cost of groceries.</p>
<p><b>Transportation to medical appointments – <u>FACE MASKS MUST BE WORN AT ALL TIMES</u></b></p> <p>Advance notice required. Available volunteers are not guaranteed.</p>
<p><b>Meal Delivery</b> - Freshly prepared healthy frozen meals and delivered and at no cost.</p>
<p><b>Art Box Program</b> - Simple art materials are delivered to your door with option to join online Zoom Meeting for lessons and sharing.</p>
<p><b>Pen Pal Program</b> - Writing materials/stamps are mailed to you to write letters to a new Pen Pal!</p>
<p><b>Wellness Coaching/Choose to Move</b> - Create a tailor-made physical activity plan to meet your health and fitness goals, one-on-one with a trained activity coach.</p>
<p><b>General Health and Wellness/ Connection Referral</b> - Assistance and information to other community and wellness connections</p>
<p><b>Caregiver Support/On Line Café/ Resource Referrals</b> - Share experiences, concerns, questions and coping strategies. Social support group, resource and information referral.</p>
<p><b>Friendly Phone Call/Phone Friend</b></p> <p>Receive on-going social phone calls from a volunteer community member.</p>
<p><b>Intergenerational Drop In</b> Weekly Zoom meeting drop-in for people of all ages to share and engage in art and activities</p>



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## Better at Home Housekeeping

Bi-weekly LIGHT housekeeping and laundry. Hourly rates based on a sliding scale

### Other Needs/suggestions (we cannot guarantee these):

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PERSONAL INFORMATION			
First Name		Last Name	
Phone Number		Date of Birth:	
Address and unit Buzzer #		Postal Code	
Email Address			
Pronouns He/She/They		Marital Status	
Language Spoken at Home		Need language specific Volunteer?	YES /NO
Other Languages Spoken		Ethnicity	
Emergency Contact Name		Phone Number	
Relationship		May we contact this person?	YES/NO



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## REFERRAL SOURCE

Name & Organization, if applicable.  
If self-referral, how did you hear  
about us

**CONSENT FOR SERVICES** – If completing on behalf of someone else, leave blank. We will contact the individual for consent.

I, \_\_\_\_\_ give consent to:

1. A staff person to contact me for follow up
2. A volunteer to contact me directly about services as well to deliver services
3. Receive monthly senior's newsletter?      YES                                      NO

Mail or email?

Email address:

Signature (*Verbal if by phone*):

Date:

Form completed by: