

**New Client - Intake Form**

Date:

|  |  |
| --- | --- |
| **Full name (Family name, given names):** |  |
| **UCI #:** |  |
| **Current Immigration Status:** |  |
| **Current Immigration Program (NLPNP, AIP, etc)** |  |
| **Expiry date of Immigration Document (mm/dd/yyyy):** |  |
| **Country of Origin:** |  |
| **Country of Last Residence:** |  |
| **Birthdate (mm/dd/yyyy):** |  |
| **Education**   * **Highest level of education** * **In Canada or International** * **Field of education** |  |
| **Employment**   * **Employed (Y/N)** * **Employer Name** |  |
| **Date of Arrival in Canada (mm/dd/yyyy):** |  |
| **Date of Arrival in Newfoundland (mm/dd/yyyy):** |  |
| **Do you know if you plan to become a Canadian Citizen?:** |  |
| **Marital Status:** |  |
| **Any children currently living with the client** |  |
| **MCP # (Yes/No and number, if possible):** |  |
| **1st Language:** |  |
| **Other Spoken Languages:** |  |
| **Address (PO Box, street address, postal code):** |  |
| **Phone number:** |  |
| **Email:** |  |

***Note: Kindly obtain copy of immigration document.***