

# RAPID SERVICES

670 Main St. Winnipeg, Manitoba R3B 1E4  
Intake: 204-589-1613  
Email: [Intakerapidservices@mmf.mb.ca](mailto:Intakerapidservices@mmf.mb.ca)  
Fax: 204-942-6670  
<https://www.mmfrapidservices.com>



# Housing & Property Management

## Participant Intake Form

First Name	Initial	Last Name	
Address	City/Town	Province	Postal Code
Citizenship Number	Region	Local	

Home Community Date of Birth (mm/dd/yyyy)  
[ ] Self Declared Metis [ ] Non-Metis

Identify As 

Male	Female	Non-Binary
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 Phone:

Email Address:

Contact Person Info: *(if no phone or email)*

**Preferred contact:**  
 Phone  
 Email  
 Other: \_\_\_\_\_  
\_\_\_\_\_  
**Time:** \_\_\_\_\_

How did you hear about us?:

<input type="checkbox"/> Walk-in	<input type="checkbox"/> Referral	<input type="checkbox"/> Other:
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### Current Living Situation

- Non-housing (Street, Car, Park, etc.)
- Emergency shelter (Domestic / Homeless / Family)
- Transitional housing (Treatment Centre, Safe House etc.)
- Unstable Housing, At risk of homelessness (Couch surfing, Staying with others)
- Housed: At Risk / Not At Risk. Current Rent w/ Utilities \_\_\_\_\_
- Other. Please Specify: \_\_\_\_\_

### Income *(monthly income)*

- Employed (Full Time / Part Time): \_\_\_\_\_ \$ \_\_\_\_\_  
Place of Employment: \_\_\_\_\_
- EI (Regular / Disability) \$ \_\_\_\_\_
- EIA – ( Regular / Disability ) \$ \_\_\_\_\_
- CPP Regular/ Disability \$ \_\_\_\_\_
- Old Age Security/Pension \$ \_\_\_\_\_
- Streets (Pan Handling/Flagging/Sex Trade etc.) \$ \_\_\_\_\_
- Other Please Specify: \_\_\_\_\_ \$ \_\_\_\_\_
- Rent assist / CHMB : \_\_\_\_\_ \$ \_\_\_\_\_

EIA Worker:	Case #:	Phone:
<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>

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<b>Have you done your taxes last year?</b>	Yes	No	Line 1500 Amount: \$
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**Marital Status:**

Married	Single	Separated	Divorced	Widowed	Common Law
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If applicable, how many people live in your household? \_\_\_\_\_

If moving, how many people will be moving? \_\_\_\_\_

Please list members of your household or who will be moving:

Name	Birthdates	Gender	Relationship

**Any Pets?** Cats? Yes/No - #\_\_\_\_ Dogs? Yes/No - #\_\_\_\_ Other?:\_\_\_\_\_

Do you identify as LGBTQQ2S+? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer	Medical Conditions or Disabilities: <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> _____
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**Assistance Needed:**

<input type="checkbox"/> <b>Basic Needs</b> (Food/Clothes/Hygiene/Transport) <input type="checkbox"/> <b>Financial Assist:</b> (Arrears:Rent/Utils/Security/1stRent) How much? _____ <input type="checkbox"/> <b>Counselling</b> <input type="checkbox"/> <b>ID Assistance:</b> <input type="checkbox"/> Needs Photo ID <input type="checkbox"/> Needs Health Card <input type="checkbox"/> Needs Metis Citizenship Card <input type="checkbox"/> Other. Specify: _____	<input type="checkbox"/> <b>Housing Assistance:</b> <input type="checkbox"/> In Need of Housing <input type="checkbox"/> Tenant Advocacy (EIA/Landlord) <input type="checkbox"/> Furniture/Start-Up <input type="checkbox"/> <b>Fre Maachi</b> <input type="checkbox"/> Information Request <input type="checkbox"/> Application Request <input type="checkbox"/> Waiting List
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**Current rent budget:** \_\_\_\_\_

**Areas of interest:** \_\_\_\_\_

**Viewing availability:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Intake Date:** \_\_\_\_\_ **Intake #:** \_\_\_\_\_