

# RAPID SERVICES

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



# Housing & Property Management

## Participant Intake Form

<b>First Name</b>	<b>Initial</b>	<b>Last Name</b>
<b>Address #V</b>	<b>City/Town</b>	<b>Province</b>
<b>Red River Metis Citizenship Number</b>	<b>Region</b>	<b>Local</b>

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

**Identify As**  Male  Female  Non-Binary **Phone:**

**Email Address:**

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

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

**How did you hear about us?:**

Walk-in  Referral:  Other:

### Current Living Situation

- Housed: At Risk / Not At Risk. **Current Rent** \_\_\_\_\_  
 Lease holder? (Yes/No) \_\_\_\_\_
- 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)
- 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/etc.) \$ \_\_\_\_\_
- Other Please Specify: \_\_\_\_\_ \$ \_\_\_\_\_
- Rent assist / CMHB : \_\_\_\_\_ \$ \_\_\_\_\_

<b>EIA Worker:</b>	<b>Case #:</b>	<b>Phone:</b>
<input type="text"/>	<input type="text"/>	<input 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	Birthdate	Gender	Relationship	Income:

**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>RSFA:</b> ( 1 <sup>ST</sup> RENT/ RENT ARREAR / SECURITY / MOVING ) How much? _____ <input type="checkbox"/> Needs rent assist: (NON-EIA/ CMHB) <input type="checkbox"/> _____ <input type="checkbox"/> <b>Citizenship ID Assistance:</b> <input type="checkbox"/> Needs Genealogy <input type="checkbox"/> Help with cost	<input type="checkbox"/> <b>Housing Assistance:</b> <input type="checkbox"/> Seeking Housing Casework <input type="checkbox"/> Tenant Advocacy (EIA/Landlord) <input type="checkbox"/> Short Emergency Stay <input type="checkbox"/> Eviction Prevention <input type="checkbox"/> <b>Transitional Housing Request:</b> <input type="checkbox"/> Fre Maachi <input type="checkbox"/> Mazoun
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**Current rent budget:** \_\_\_\_\_

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

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

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

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