SOUTHWESTERN ONTARIO MILITARY FAMILY RESOURCE CENTRE

Protected B (When filled out)

SERVICE INTAKE FORM

Form Completed By: **Date:**

How did you hear about us?	

A. MILITARY MEMBER PERSONAL INFORMATION

First Name		Address			
Last Name		City			
Date of Birth		Province		Postal Code	
Gender ☐Male ☐ Female ☐ Other:		**Military Service Information**			
Preferred Language ☐English ☐ French ☐ Other		Partial Service Number (first letter + last three digits):			
Release Information (if applicable)		Current Deployment or Posting Location			
Release Date		Current Deployment or Posting Length			
Relationship Status ☐ Single ☐ Married ☐ Separated ☐ Living Apart ☐ Widowed ☐ Divorced ☐ Living Together					

B. PRIMARY CONTACT INFORMATION

Relation to Military Member ☐ Parent ☐ Relative ☐ Spouse ☐ Child ☐ Other					
First Name		Address			
Last Name		City			
Date of Birth		Province		Postal Code	
Gender ☐Male ☐ Female ☐ Other:		Preferred Language ☐ English ☐ French ☐ Other			

C. COMMUNICATION PREFERENCES

Please include which family member the contact method belongs to		Preferred Method	Communication Instructions (ex. No Voicemail)
Tel (Home)		☐ Yes ☐ No	
Tel (Mobile)		☐ Yes ☐ No	
Tel (Work)		☐ Yes ☐ No	
Personal Email		☐ Yes ☐ No	
Emergency Contact Name		Emergency Contact Phone	

D. HOUSEHOLD INFORMATION

Name	Date of Birth	Gender	Location	Relationship

Notes: