



# Inn from the Cold - Kelowna Inn Home Support & Advocacy Program

Kelowna, BC

Phone: (250) 448-6403

Web: [www.innfromtheColdKelowna.org](http://www.innfromtheColdKelowna.org)

## AUTHORIZATION FOR OBTAINING / RELEASING INFORMATION

I, \_\_\_\_\_ (print name) hereby authorize Inn from the of Cold - Kelowna to obtain and/or release information they deem necessary regarding myself from or to any person, agency, firm, corporation, or society required in order to assist and support me while I am a participant of the Inn from the Cold-Kelowna Program. I hereby release Inn from the Cold-Kelowna and its staff, volunteers and board from all manner of liability, claim or demand I may or will have as a result of their obtaining and/or releasing information.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and to be in effect for a period of one year.

Signature of Program Participant \_\_\_\_\_

Print name clearly of Program Participant \_\_\_\_\_

Signature of Outreach Worker as Witness \_\_\_\_\_

Print name of Outreach Worker witness clearly \_\_\_\_\_

### Client Information

Male  Female

Single  Couple  Family w/ children  Children in care

Caucasian  First Nations  Metis  Inuit  Other \_\_\_\_\_

Refugee  Recent Immigrant

**Client's Birthday: Year** \_\_\_\_\_ **Month** \_\_\_\_\_ **Day** \_\_\_\_\_

**Client's Phone:** \_\_\_\_\_

**Client's Full Address:** \_\_\_\_\_

Inn From the Cold - Kelowna

Phone: 250 448 6403

Address: PO Box 21130, Orchard Park P.O

Kelowna, BC V1Y 9N8

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**Please describe what kind of assistance the client needs or is looking for.**

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**Please state what interests or hobbies the client has, so we can match up the client and advocate.**

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**What times of the day and days of the week is the client available to meet with their advocate?**

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**What kind of advocate person would client prefer or be most comfortable with?**

Male  Female

**Is there anything we should know about this client's current situation, health, or otherwise?**

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**Please state which agency is referring this client:**

- Canadian Mental Health Association - Worker's Name: \_\_\_\_\_
- Outreach Urban Health - Worker's Name: \_\_\_\_\_
- Ki-Low-Na Friendship Society - Worker's Name: \_\_\_\_\_
- Brain Trust - Worker's Name: \_\_\_\_\_
- Kelowna Gospel Mission - Worker's Name: \_\_\_\_\_
- If other, please state agency and worker: \_\_\_\_\_