

## Intake Form

If you would like support in completing this form contact Stacey Love-Jolicoeur at: (705) 313 5124.

I am interested in:

- Allies Program/Group
- Trans Program/Group

Preferred Name: \_\_\_\_\_

Other names you go by: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Can we send mail to this address? (please circle) Yes/No

If yes, how would you like mail addressed? (example: name on envelope, etc)

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Can we leave message at this number? (please circle) Yes/No

If yes, who (i.e. name) would we leave messages for? \_\_\_\_\_

What pronouns do you prefer? (example(s): he, she, heir, zie, they, etc) \_\_\_\_\_

What is your current gender identity? \_\_\_\_\_

- I decline to answer this question.

Emergency Contact Person: \_\_\_\_\_

Relationship to this person: \_\_\_\_\_

Emergency Contact's Information: \_\_\_\_\_

If trans-identified: How would you like us to approach this person? (example: are you out to this person? Is it OK to mention the nature of the facilitators relationship with you?)

\_\_\_\_\_  
\_\_\_\_\_

Allergies & Treatment for allergy: (Example: Allergic to peanuts – to treat use epi-pen)

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The following questions will help us to understand what you are hoping to get from group. Please provide as much detail as you would like to help us to understand your unique needs!

One of the needs that many people have is to find a safe place to share and talk openly about gender identity. In order to meet this need, a group facilitator will go over the group guidelines with you to ensure your safety. You will be asked to sign a copy of these guidelines at a later date.

Can you tell me what interested you in TRANSforum?

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What are you hoping to get from TRANSforum?

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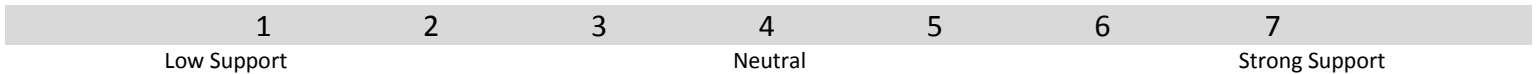
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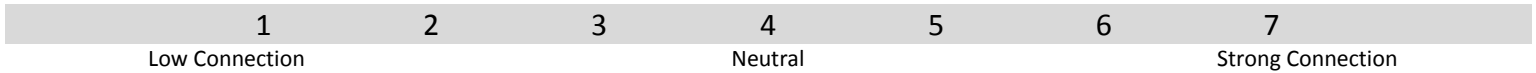
On a scale of 1-7, how strong do you feel that your knowledge is around gender?



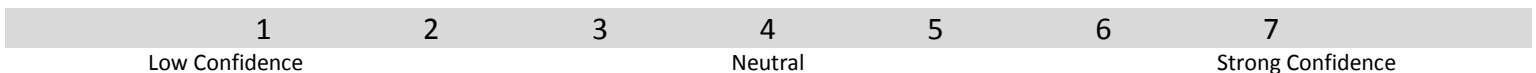
On a scale of 1-7, how much support do you feel you have around you/your loved ones gender identity?



On a scale of 1-7, how connected do you feel to other people and the community?



On a scale of 1-7, how confident do you feel to make decisions about your gender journey/transition or support your loved one's gender journey/transition?



Where would you say you/your loved one is at in the gender process?

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Have you ever been part of a group before?

No

Yes If yes:

What kind of group was it?

What was your experience like?

Referrals provided to any community agencies/supports: yes/no

If yes, please identify:

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**Thank you for your interest in TRANSforum!**

For Office Use Only:

**Checklist:**

- Provided information about group
- Completed intake questions
- Reviewed group guidelines
- Confidentiality agreement signed & copy of confidentiality agreement provided to the participant
- Individual is assessed to be a suitable participant for the group**
  - Yes**
  - No**

Intake assessment completed by: \_\_\_\_\_

Date Completed: \_\_\_\_\_

dd/mm/yyyy