



PERSONAL INFORMATION	
NAME:	
ADDRESS:	
PHONE:	
EMAIL:	
# PERSONS IN HOUSEHOLD:	
# OF CHILDREN 5 OR UNDER:	
WHICH BEST REPRESENTS YOUR HOUSEHOLD:	SINGLE / FAMILY / SENIOR
NEWCOMER INFORMATION	
DATE MOVED TO ST. PAUL:	
REASON FOR MOVE:	
WHERE DID YOU MOVE FROM:	
PLACE OF EMPLOYMENT:	
ARE YOU NEW TO CANADA:	
LANGUAGE(S) SPOKEN OTHER THAN ENGLISH:	
CAN WE CONTACT YOU REGARDING SOCIAL EVENTS:	
RECREATION ACTIVITIES / HOBBIES THAT INTEREST YOU:	
NEED FOR ANY SPECIAL SERVICES:	
HOW DID YOU HEAR ABOUT FCSS:	
WHAT MADE YOU VISIT US TODAY:	
ARE YOU INTERESTED IN VOLUNTEERING:	
VOLUNTEER/OFFICE USE ONLY	
WELCOMED BY:	Follow-Up Required: ___ Yes ___ No When _____
DATE OF VISIT:	
COMMENTS:	