

# Rising Mothers Foundation Ontario - Intake Form

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Full Name:

Preferred Name:

Phone Number:

Email Address:

Age:

Number of Children:

Status (optional):

SingleMother

Widow

Newcomer

Other

Primary Needs (check all that apply):

Childcare

Employment

Housing

Mental Health

Food Support

Legal

Other

Current Employment Status:

Employed

Unemployed

Housing Status:

Stable

At Risk

Unstable

Brief Description of Needs:

## CONSENT & AGREEMENTS

### 1. Program Participation Consent

I understand that Rising Mothers Foundation Ontario (RMFO) provides community-based support services and does not provide licensed medical, legal, or clinical services unless otherwise stated. I agree to participate voluntarily in programs and services offered.

I agree

### 2. Collection and Use of Personal Information

I consent to RMFO collecting, using, and securely storing my personal information for the purpose of:

- Providing support services
- Program coordination and communication
- Tracking participation and outcomes for reporting and funding purposes

I understand my information will be kept confidential and will not be shared without my consent, unless required by law or where there is a risk of harm.

I agree

### 3. Media & Photo Consent (Optional)

RMFO may take photos, videos, or testimonials during programs and events for use in:

- Website content
- Social media platforms
- Promotional and reporting materials

I consent to the use of my image, voice, and/or story

I do NOT consent

I understand I can withdraw this consent at any time by notifying RMFO in writing.

### 4. Confidentiality & Limits

I understand that RMFO will make reasonable efforts to maintain confidentiality. However, confidentiality may be limited if:

- There is risk of harm to myself or others
- Disclosure is required by law

I understand

Voluntary Participation

I understand that my participation is voluntary and I may withdraw from programs at any time without penalty.

I understand

Consent:

I consent to Rising Mothers Foundation Ontario collecting and using my information to provide support services.

Signature

**Participant Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_