

Dalhousie Women's Centre Advocacy Intake Form

FOR OFFICE USE ONLY

Case ID

Date: _____

Name: _____

Student ID #: _____
(if applicable)

Staff/volunteer doing intake

Staff/volunteer(s) assigned to file

Phone Number: _____

Are you comfortable with DWC staff/volunteers leaving a message at this number?

Yes () No ()

Cell Number: _____

Yes () No ()

Email: _____

Best way to contact me: _____

Are you a student? Yes () No ()

Brief Description of Problem:

Important Dates: _____

How did you hear about the Dalhousie Women's Centre?

FOR OFFICE USE ONLY

All information provided to the Dalhousie Women's Center is completely confidential and will not be released without your consent.