

# Revitalized Reintegration Services: Intake Form

Thank you for your interest in Revitalized Reintegration Services. Please fill out the intake form below to begin our registration process. If you need assistance in filling out this form, please contact (289) 302-4094 and one of our Program Facilitators will be available to assist you.

\* Required

Full Name \*

Your answer

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Date of Birth \*

Date

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What is your email address (if applicable)?

Your answer

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What is your phone number (if applicable)?

Your answer

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What is your secondary contact name?

Your answer

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What is your secondary contact phone number?

Your answer \_\_\_\_\_

What is your preferred method of contact? \*

Email

Phone

What services are you interested in using with Revitalized? Please choose all that apply. \*

Counsellingship (Mentorship & Counselling) Program

Housing Support

Employment Support

Everyday Living Assistance Coaching and Support

H.A.L (Hope After Loss) Program

Other: \_\_\_\_\_