

REFUGEE PORTAL PROJECT INTAKE FORM

Date: _____

Referral information:

Name and Organization: _____

Contact information: _____

Client information (if applicable):

First Name: _____

Family Name: _____

Phone number: _____

Email: _____

Address: _____

Country of Origin: _____

Languages spoken: _____

Accessibility needs: _____

Need for Interpretation? Yes No Details: _____

Does the client have a Legal Aid Certificate? Yes No Details: _____

How many family members are applying together? _____

(if claiming with family see Additional Family Members Intake on the next page)

Any deadlines given to complete by: _____

(if possible attach a copy of the deadline communication)

Other details we should know

(example: a portal claim or Basis of Claim has already been started or client doesn't have access to a computer/email)

PROGRAM ELIGIBILITY CHECKLIST

- Must be living in Ottawa
- Looking to submit a refugee claim
- Have not retained/hired a lawyer for the case

