CLIENT FILE

Date



Multicultural friendship program

[] The client and the co "Oma Punainen Risti"-ser						
Personal information of	the client					
Gender: [] Male	[] Other					
irst name:		Last name:				
Address:		Postal code:			City:	
Phone number:		Email:				
Date of birth:		Mother tongue:				
	Other language skills:					
The client is						
[] A family with children	n [] A persoi	n with a disab	ility [] A mental hea	alth rehabilitator	
[] A person with a developmental disability [] An immigrant [] In a facility						
Further details (for exam	ple restrictio	ns on moveme	ent, ages o	of children):		
Interests of the client						
[] Culture	[] Nature		[] Cooking		[] Music	
[] Reading	[] Physical exercise [] C			5	[] Travelling	
[] Beauty	[] Motor sports/vehicles [] Watchi			ning sports	[] Animals	
[] Video games	[] Shopping [] Outdoor life					
Client's other interests, e	education and	working back	ground:			
Wished preferences in a	friend					
[] Male [] female	[] family w] family with children				
Preferred age:	[] Young ac	adult (18-30 years old		[] Adult ((30-45 years old)	
[] Adult (4		6-65 years old)		[] Pensio	[] Pensioner (66-79 years old)	
Other wishes:						
Contact information of t	the contact p	erson				
First name:		Last name:				
Phone number:		Email:				
Relation to the client/pro	ofession:					

Signature of the client