

### Intake Information

#### Client Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Social Sec# \_\_\_\_\_  
Last, First MI

Male  Female Marital Status: \_\_\_\_\_ Spouse's Name : \_\_\_\_\_  
(If applicable) Last First

Client's Address: \_\_\_\_\_  
Street City State Zip

Hm Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_ Wk Ph#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer's Name / Addr: \_\_\_\_\_  
(If applicable)

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_  
(If attending school)

#### Responsible Party (If other than above)

Fa. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SocSec# \_\_\_\_\_  
Last, First MI

Address: \_\_\_\_\_  
Street City State Zip

Phone: (H) \_\_\_\_\_ Cell: \_\_\_\_\_ Wk: \_\_\_\_\_

Email: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Name / Address: \_\_\_\_\_

Mo. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Soc Sec# \_\_\_\_\_  
Last, First MI

Address: \_\_\_\_\_  
Street City State Zip

Phone: (H) \_\_\_\_\_ Cell: \_\_\_\_\_ Wk: \_\_\_\_\_

Email: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Name / Address: \_\_\_\_\_

#### Person to Contact in Event of Emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Please list all members of household in which client lives:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____