

DEMOGRAPHIC INFORMATION

Client's Name: _____

Address: _____

Phone #: _____

Email: _____ **Ok for video sessions** **Yes** **No**

Guarantor's Name: _____ **DOB:** _____

- **Address if different than client's:** _____
- **Phone #:** _____ **Driver's License #:** _____
- **Email:** _____ **Ok for video sessions** **Yes** **No**
- **Relationship to client:** _____

REMINDER / CONTACT INFO

Would you like to receive reminder calls? **Yes** **No**

- FORMAT:**
- Voice (dual message both English & Español)**
 - Text (to activate, text oldmillcenter to 622622 - RECOMMENDED)**

PRINT Guardian's Name: _____

Contact #: _____ **Ok to leave message** **Yes** **No**
Lives with client **Yes** **No**

PRINT Guardian's Name: _____

Contact #: _____ **Ok to leave message** **Yes** **No**
Lives with client **Yes** **No**

EMERGENCY CONTACT: _____ **Contact #:** _____

Relationship to client: _____

Statistical information reported anonymously for grant funding and OHP Medicaid insurance funding.

Please complete the fields below based on the client.

Race:

Alaska Native American Indian
 Asian Black or African American
 Native Hawaiian or other Pacific Island
 Other Single Race
 Two or more Unspecified Races
 White

Competitive Employment:

Disabled Full time
 Homemaker Hospital Patient/ Resident other institution
 Not in Labor Force Other reported classification e.g. volunteer
 Part time Retired Student
 Sheltered/Non-competitive employment
 Unemployed Unknown

Ethnicity:

Cuban Mexican
 Hispanic Spec. Origin not Specified
 Not of Hispanic Origin
 Puerto Rican Unknown
 Other Specific Hispanic

Living Arrangement:

Private Residence (at home) Private Residence (w/relative)
 Private Residence (non/relative)
 Other Private Residence Prison Unknown
 Jail Foster Home
 Oxford Home Alcohol/Drug Free Housing
 Room & Board Residential Facility
 Supported Housing Supported Housing (congregate)
 Transient/Homeless Supported Housing (scattered site)

Gender: Female / Male / Other

County of Responsibility:

Benton Linn
 Lincoln Other: _____

County of Residence:

Benton Linn
 Lincoln Other: _____

Marital Status:

Never Married Separated
 Married Widowed
 Divorced Unknown

Client's Highest Grade completed: _____

Veteran: Yes No Unknown
 Pregnant: Yes No N/A Unknown
 Tobacco Use: Yes No Unknown

Substance Use Last 90 Days: Yes No Unknown

Complete fields below based on Household

Zip Code: _____

Household members: _____ **# Children:** _____

Referred by: **Doctor** **School**
 Family/Friend **Self**
 Other:

Mo. Gross Household Income: \$ _____/Month

Source of income:

Wages / Salary **Public Assistance**
 Disability / SSDI **Other**
 Retirement / Pension / SSI
 None **Unknown**

Please flip over ----->