



Demographic Information

Client Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ Ok to leave messages Yes No

Email: _____ Ok for video sessions Yes No

Guarantor Name: _____ Date of Birth: _____

Address (if different than client's): _____

Phone #: _____ Driver's License #: _____

Email: _____

Guardian Contact Information

(Please include all legal guardians)

Guardian Name: _____

Address (if different than client's): _____

Phone #: _____ Ok to leave messages Yes No

Email: _____ Ok for video sessions Yes No

Relationship to Client: _____ Lives with client Yes No

Guardian Name: _____

Address (if different than client's): _____

Phone #: _____ Ok to leave messages Yes No

Email: _____ Ok for video sessions Yes No

Relationship to Client: _____ Lives with client Yes No

Emergency Contact Information

Emergency Contact Name: _____

Phone #: _____ 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:

- | | |
|--|--|
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Two or more |
| <input type="checkbox"/> Asian | Unspecified Races |
| <input type="checkbox"/> Native Hawaiian or other Pacific Island | <input type="checkbox"/> White |
| <input type="checkbox"/> Other Single Race | <input type="checkbox"/> American Indian |
| | <input type="checkbox"/> Black or African American |

Competitive Employment:

- | | |
|---|---|
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Full-time |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Not in Labor Force | Patient/Resident other institution |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Other reported classification e.g. volunteer |
| <input type="checkbox"/> Sheltered/Non-competitive employment | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Student |
| <input type="checkbox"/> Unknown | |

Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> Hispanic Sex. Origin not Specified | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Not of Hispanic Origin | <input type="checkbox"/> Other Specific Hispanic |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Mexican |
| | <input type="checkbox"/> Unknown |

Living Arrangement:

- | | |
|--|---|
| <input type="checkbox"/> Private Residence (at home / with relative) | <input type="checkbox"/> Private Residence (non-relative) |
| <input type="checkbox"/> Jail | <input type="checkbox"/> Residential Facility |
| <input type="checkbox"/> Prison | <input type="checkbox"/> Alcohol/Drug Free |
| <input type="checkbox"/> Oxford Home | <input type="checkbox"/> Supported Housing (congregate) |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Supported Housing (scattered site) |
| <input type="checkbox"/> Room & Board | |
| <input type="checkbox"/> Supported Housing | |

Gender: Female / Male / Other

County of Responsibility:

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Benton | <input type="checkbox"/> Linn |
| <input type="checkbox"/> Lincoln | <input type="checkbox"/> Other: _____ |

County of Residence:

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Benton | <input type="checkbox"/> Linn |
| <input type="checkbox"/> Lincoln | <input type="checkbox"/> Other: _____ |

Marital Status:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Never Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Unknown |

Highest Grade Completed: _____

Complete section based on HOUSEHOLD

Zip Code: _____

Household Members: _____ **# Children:** _____

Referred by:

| | |
|--|---------------------------------------|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> School |
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Self |
| | <input type="checkbox"/> Other: _____ |

Mo. Gross Household Income: \$ _____/Month

Source of Income:

| | |
|--|---|
| <input type="checkbox"/> Wages/Salary | <input type="checkbox"/> Public Assistance |
| <input type="checkbox"/> Disability/SSDI | <input type="checkbox"/> Retirement/Pension/SSI |
| <input type="checkbox"/> None | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Other: _____ |

Veteran: Yes No Unknown

Pregnant: Yes No Unknown N/A

Tobacco Use: Yes No Unknown

Substance Use Last 90 Days: Yes No Unknown