

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 circle one or fill in the blanks 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

Clients 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

Fill in below based on Household

Zip Code: _____

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

Referred by: Dr. / 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 ----->