Orientation Intake/Registration

Referral Information

What agency or individual sent you to Counseling Services?

CLIENT

Name
Address — Mail OK? Yes NO
City/State/Zip
County
Main Phone — Messages OK? Yes NO
Other Phone — Messages OK? Yes NO

Birthdate / /
Mail Address
City/State/Zip
SSN: - -
Gender: **Male** **Female**

Pregnant: O No O Yes O Not applicable O Not collected O Unknown

Have you ever had a positive TB screening?

______ **YES** _____ **NO**

Race:
- O Black or African American
- O White
- O Asian
- O American Indian
- O Native Hawiian / Other Pacific Islander
- O Hispanic →
- O Alaskan Native
- O Other Single Race
- O Two or More Races
- O Unknown

Ethnicity:
- O Cuban
- O Mexican
- O Puerto Rican
- O Not of Hispanic Origin
- O Other Hispanic
- O Unknown

Marital Status:
- O Divorced
- O Currently Married
- O Separated
- O Never Married
- O Widowed
- O Unknown

Is your Primary Language ENGLISH?
YES NO

Other Language: ________________________

Do you need an INTERPRETER?
YES NO

Military: O Yes O No

Tobacco Use:
- O Current Smoker
- O Former Smoker
- O Never Smoked
- O Unknown

Employment Information

Select Past 30 Day Employment Status:
- O Employed Full Time
- O Employed Part Time
- O Unemployed & Actively Looking
- O Laid Off
- O Not in Labor Force
- O Unknown

Job Title: ______________________

 # Days you worked in last 30 (1 month)? __________

If NOT in Labor Force, Select Reason:
- O Student
- O Homemaker
- O Retired
- O Disabled
- O Inmate of Jail, Prison or Correctional Facility
- O In Institutional Care during last 30 days
- O Other Reason

Select Your OCCUPATION:
- O Clerical & Kindred Workers
- O Craftsmen & Kindred Workers
- O Farmers & Farm Managers
- O Laborers, Except Farm
- O Managers & Administrators
- O Private Household Workers
- O Professional, Technical & Kindred Workers
- O Sales Workers
- O Service Workers, Except Private Household
- O Transport Equipment Operatives
- O Student
- O Homemaker
- O Retired
- O None

Education Information

Select Your Highest Level of Education:

- O No Schooling
- O Any, up to 4th Grade
- O 5th or 6th Grade
- O 7th or 8th Grade
- O 9th
- O 10th
- O 11th
- O High School Completed
- O GED
- O 1 yr College/University
- O 2 yrs College/University
- O 3 yrs College/University
- O Bachelor's Degree
- O Some Postgraduate-Not completed
- O Master's Degree Completed
- O Post Graduate Study
- O Graduate or Professional School
- O Vocational School

Select Your Current Status:

- O Not Enrolled
- O Enrolled, Full time
- O Enrolled, Part time
- O Other
- O Unknown

Household Information

Annual Household Income: ____________

# of Household Individuals: ____________

 # Under 18 in Household: ____________

Principal Income Source:

- O Wages/Salary
- O Public Assistance
- O Retirement/Pension
- O Disability
- O Other
- O None
- O UnKnown

Emergency / Alternate Contact Information

EMERGENCY

Name ____________	Yes NO	Is this the Client's Legal Guardian ?
Address ____________	Yes NO	Is this the Client's Emergency Contact?
City/State/Zip ____________	Yes NO	May we contact this Person to make appointments for the Client?
County ____________	Yes NO	May we send statements here for the Client?
Main Phone ____________	Yes NO	May we leave messages at this number?
Other Phone ____________	Yes NO	May we leave messages at this nubmer?

Relationship to the Client ____________________________

If this is the Guardian or Parent of Minor, please provide:

SSN: ___ - ___ - ___

Birthdate: ___ / ___ / ___

Gender: Male Female

Employer: ____________________

Employer Address: ____________________

____

HEALTH INSURANCE INFORMATION

CLIENT		INSURED	
Name		**Name**	
SSN:	- -	**SSN:**	- -
Birthdate	/ /	**Birthdate**	/ /

Client's Relationship to Insured **SELF** **SPOUSE** **CHILD** **OTHER**

Insured Employer: ____________________

Insurance Company: ____________________

Please provide Insurance Card for Intake Staff