

Client Information Form

Check the correct answer in each category below.

Name _____

Date _____

Primary Language:

- 10-English 20-Spanish 90-Other

Race:

- 10-White Other _____
 10-Hispanic *Specify*
 20-African American
 30-Asian

Hispanic Origin:

- 00-Not Hispanic
 11-Mexican
 12-Puerto Rican
 13-Cuban
 14-Central /South American
 18-Other Hispanic
 99-Unknown

Marital Status:

- 1-Never Married
 2-Married
 3-Widowed
 4-Divorced
 5-Separated

Education:

- 00-Never attended school
 01-11 Last completed grade _____ *Specify*
 20- Preschool
 30-High School Diploma
 31-GED
 40-Post Secondary Training
 41-One year of College
 42-Two years of College
 43- Three years of College
 50- College Degree

Employment:

- 11-Employed Full Time
 12-Employed Part Time
 20-Laid Off
 30-Not in Labor Force

Social Security/ Disability Payments:

- 0-Not Applicable
 1-Receiving Payments
 2-Eligible, but not receiving payments
 3-Eligibility, determination pending
 5-Determined to be ineligible

Citizenship/ Legal Resident:

- Y-US Citizen N-Non US Citizen
 Y-Legal Res N-Not Legal Resident

Court-Ordered Treatment:

- 00 – Not applicable
 08 – Court ordered evaluation/assessment

Military Status:

- 0-Not a veteran 1-Veteran

Living Arrangement:

- 10-Homeless
 21-Living with parent/ guardian
 22-Living without parent/ guardian
 31-Supervised residential setting
 32-Unsupervised residential setting
 90-Other

Household Composition:

- 10-Live Alone
 20-Live with 1 or more relatives
 30-Live with non-relatives

Household Size: _____

Household Monthly Income: _____

Client Monthly Income: _____

Emergency Contact	
Name	
Address	
Telephone	
Relationship	

Legal Representative (parents/legal guardian)	
Name	
Address	
Telephone	
Relationship	

Primary Care Provider (Doctor)	
Name	
Address	
Telephone	

Appointment Reminder Options: (We encourage **Text**)

- Voice Text