

1. CLIENT INFORMATION

Client Name: _____

Legal Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact: _____

May we mail correspondence to your home? Yes No

Would you like to receive our agency newsletter? Yes No

Gender: Female Male Transgender Non-Binary

Decline to state Other: _____

Pronouns: She/Her He/Him They/Them Other

Okay to call? Yes No Okay to leave message? Yes No

Okay to call? Yes No Okay to leave message? Yes No

Okay to call? Yes No Okay to leave message? Yes No

Relationship to you: _____ Phone: _____

Yes No

Yes No

2. HOUSEHOLD INFORMATION

of People in Household (including self): _____ # of Dependents in Household: _____

Household member name: _____ Date of Birth: _____ Relationship To Client: _____

3. DEMOGRAPHIC INFORMATION

Gross Household Income

Less than \$20,000 \$20,000 to \$34,999 \$35,000 to \$49,999 \$50,000 to \$74,999

\$75,000 to \$99,999 \$100,000 to \$149,000 \$150,000 to \$199,999 \$200,000 and above

Primary Source of Household Income

Wages/Salary Public Assistance Retirement/Pension Disability Alimony

Child Support Veteran's Benefits Social Security Benefits Other

Employment Type

Employed full time Employed part time Self employed Student Unemployed

Retired Unable to work

Military Status

No military service record Active Duty National Guard Veteran or Retiree Reserves

Education Level

Less than High School Degree High School Degree or Equivalent Some college, no degree

Associate Degree Bachelor Degree Graduate Degree Doctoral Degree

Race

Non Hispanic White Black, Afro Caribbean or African American East Asian or Asian American

Latino or Hispanic South Asian or Indian American Middle Eastern or Arab American

Multi-Racial Native American or Alaskan Native Other

Please note: All demographic information is collected for the purpose of analyzing demographic trends for use in future grant proposals. Individual demographic information is confidential and will not be shared with others, and will not be identifiable from the aggregate analysis. Completion of the demographic portion is purely optional.

MHC Zero-5 GMH CCOS EAP	Staff Use Only		Client ID#: _____
	NEW REOPEN RESET		Counselor: _____
			Intake Date