

Family & Children's

SERVICE OF ITHACA

Client Information Form

1. CLIENT INFORMATION

Client Name: _____

Gender: Female Male
 Transgender Non-Binary Decline to State Other: _____

Legal Name: _____

Date of Birth: _____

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

Address: _____

Home Phone: _____

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

Work Phone: _____

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

Cell Phone: _____

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

Emergency Contact: _____

Relationship to You: _____

Phone Number: _____

May we mail correspondence to your house?

Yes No

2. HOUSEHOLD INFORMATION

of People in Household (including self): _____

of People in Household (including self): _____

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 Other

Military Status

- None 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 Other

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 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 optional.

MHC Zero-5 GMH CCOS EAP	Staff Use Only New Reopen Reset	Client ID#: _____ Counselor: _____
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