**Client Name**: **Phone**: 

**Emergency Contact**: 

**Gender**: ❐ Woman ❐ Man ❐ Non-Binary/Non-Conforming

❐ Other ❐ Prefer Not to Answer 

Do you identify as transgender? ❐ Yes ❐ No ❐ Prefer Not to Answer

**Race**: ❐ American Indian & Alaska Native ❐ Asian ❐ Black or African American

❐ Native Hawaiian or Pacific Islander ❐ White ❐ Other 

**Ethnicity**: ❐ Hispanic or Latino/a/x ❐ Not Hispanic or Latino/a/x ❐ Prefer Not to Say

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### Background

Are you a veteran? ❐ Yes ❐ No ❐ No Answer

Were you born in the United States? ❐ Yes ❐ No ❐ No Answer

Do you have reliable access to a phone? ❐ Yes ❐ No ❐ No Answer

Do you have reliable transportation? ❐ Yes ❐ No ❐ No Answer

Do you have valid identification? ❐ Yes ❐ No ❐ No Answer

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### **Income**

Are you currently employed? ❐ Yes ❐ No ❐ No Answer

* *If yes*, what is your job title? 
* *If no,* are you seeking employment? ❐ Yes ❐ No ❐ No Answer

Do you receive any governmental assistance? ❐ Yes ❐ No ❐ Unsure ❐ No Answer

* *If yes*, which one(s): ❐ SNAP ❐ SSI/Disability ❐ Social Security

❐ Medicaid ❐ Other(s) 

* *If no*, are you interested in obtaining benefits? 

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### Housing & Household

Do you currently have a stable place to live? ❐ Yes ❐ No ❐ No Answer

* *If no*, where are you currently living? 

Who do you live with? 

Do you have any children? ❐ Yes ❐ No ❐ No Answer

* *If yes*, what are their ages? 

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### Health

Have you ever received a diagnosis from a mental health provider? ❐ Yes ❐ No ❐ N/A

Are you interested in any mental health counseling or treatment? ❐ Yes ❐ No ❐ N/A

Are you currently taking any prescribed medications? ❐ Yes ❐ No ❐ N/A

Are you currently using any alcohol, marijuana, or other drugs? ❐ Yes ❐ No ❐ N/A

Are you interested in any treatment for drug or alcohol use? ❐ Yes ❐ No ❐ N/A

| **Client Name**: **Phone**:  **Emergency Contact**: |
| --- |
| **Gender**: ❐ Woman ❐ Man ❐ Non-Binary/Non-Conforming  ❐ Other ❐ Prefer Not to Answer  Do you identify as transgender? ❐ Yes ❐ No ❐ Prefer Not to Answer  **Race**: ❐ American Indian & Alaska Native ❐ Asian ❐ Black or African American  ❐ Native Hawaiian or Pacific Islander ❐ White ❐ Other  **Ethnicity**: ❐ Hispanic or Latino/a/x ❐ Not Hispanic or Latino/a/x ❐ Prefer Not to Say |
| **Background**  Are you a veteran? ❐ Yes ❐ No ❐ No Answer  Were you born in the United States? ❐ Yes ❐ No ❐ No Answer  Do you have reliable access to a phone? ❐ Yes ❐ No ❐ No Answer  Do you have reliable transportation? ❐ Yes ❐ No ❐ No Answer  Do you have valid identification? ❐ Yes ❐ No ❐ No Answer |
| **Income**  Are you currently employed? ❐ Yes ❐ No ❐ No Answer   * *If yes*, what is your job title? * *If no,* are you seeking employment? ❐ Yes ❐ No ❐ No Answer   Do you receive any governmental assistance? ❐ Yes ❐ No ❐ Unsure ❐ No Answer   * *If yes*, which one(s): ❐ SNAP ❐ SSI/Disability ❐ Social Security   ❐ Medicaid ❐ Other(s)   * *If no*, are you interested in obtaining benefits? |
| **Housing & Household**  Do you currently have a stable place to live? ❐ Yes ❐ No ❐ No Answer   * *If no*, where are you currently living?   Who do you live with?  Do you have any children? ❐ Yes ❐ No ❐ No Answer   * *If yes*, what are their ages? |
| **Health**  Have you ever received a diagnosis from a mental health provider? ❐ Yes ❐ No ❐ N/A  Are you interested in any mental health counseling or treatment? ❐ Yes ❐ No ❐ N/A  Are you currently taking any prescribed medications? ❐ Yes ❐ No ❐ N/A  Are you currently using any alcohol, marijuana, or other drugs? ❐ Yes ❐ No ❐ N/A  Are you interested in any treatment for drug or alcohol use? ❐ Yes ❐ No ❐ N/A |