



Intake Short Form

Date: _____

GENERAL INFORMATION

Reason for Visit: _____

Name: _____
 First Middle Last

Marital Status: _____ Options: Engaged Cohabiting Married
 Single Separated Widowed Divorced

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

Church Affiliation: _____

Referring Agency: _____

Referring Person: _____

Birthdate: _____ Driver's License #: _____

Soc. Sec. #: _____ Spouse: _____

Employed: Yes No If Yes, Employer: _____

Employment Status: _____ Options: Part Time Full Time
 Temporary Seasonal Unemployed Unable to Work Retired

How Long Employed? _____ Hourly Pay Rate: _____

Hours worked per week: _____ Weekly Take Home Pay: _____

Do you have a CMH caseworker: _____No _____ Yes Name: _____

Do you have a DHHS caseworker: _____No _____ Yes Name: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Phone Number: _____ Relationship: _____