ADULT SERVICES DEMOGRAPHIC INFORMATION

Client Name (First, MI, Last)	**Preferred Name**	**Today's Date**

Address	City	State	Zip
Primary			
Local ☐ Same as Primary			
Billing ☐ Same as Primary			

County of Legal Residence

☐ Out of State ☐ Unknown

Home Phone ( )	**Other Phone** ( )	**Email Address**

Where may we contact you?
☐ Primary Address ☐ Local Address ☐ Billing Address
☐ Home Phone ☐ Email ☐ Other Phone

Where may we leave a message?
☐ Home ☐ Work
☐ Othe r:

Client Age	**DOB** (MM/DD/YYYY)	**Gender**	**Soc. Sec. No.**

Marital Status
☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Separated ☐ Other:

Race
☐ White ☐ Native Am. ☐ Native Hawaiian/Other Pacific Islander ☐ Multiple Race
☐ Black/African Am. ☐ Asian ☐ Alaskan Native ☐ Unknown

Ethnicity
☐ Puerto Rican ☐ Mexican ☐ Cuban ☐ Other Hispanic ☐ Not Hispanic or Latino

Emergency Contact (name and address)	**Relationship**	**Emergency Contact Phone** ( )

Primary Language	**Client needs the assistance of an interpreter?** ☐ No ☐ Yes If yes ☐ American Sign Language ☐ Language Interpreter (specify):

Client needs assistance with visualization of material or alternate format?
☐ No ☐ Yes

Living Situation

My Home
☐ Rent ☐ Own

Residential Care/Treatment Facility
☐ Hospital ☐ Temporary Housing ☐ Residential Care ☐ Nursing Home

Other
☐ Friend's Home ☐ Relative's/Guardian's Home ☐ Foster Care Home ☐ Respite Care ☐ Jail/Prison
☐ Homeless Living with Friend ☐ Homeless in Shelter/No Residence ☐ Others:

Education, Employment, and Military Information

Education History (check all that apply) ☐ GED ☐ HS Grad	Highest Grade Completed	Vocational Year Completed
☐ College No. of Yrs, Qtrs., or Semesters Degree/Major	☐ Other Degree:	

Employment (check all that apply)
☐ Full Time (35 hrs. or more per week) ☐ Part Time (<35 hrs. per week) ☐ Non-Competitive
☐ Unemployed/Date Last Worked: No. of Jobs in Last 5 Years

Military History
☐ No ☐ Yes If yes, describe branch of service, any pertinent duties, any trauma experienced during service as applicable.