Case #:

Intake Form

Date: _____

Last Name	First Name	Maiden Name	Initial	Sex	Age : Birth date (mm/dd/yyyy)
				M F	: / /

Street Address	City	St	Zip	County	Phone Number

Others Participating in Services

Last Name	First Name	Initial	Sex	Age : Birth date (MM/DD/YYYY)	Relationship
			M F	: / /	
			M F	: / /	
			M F	: / /	
			M F	: / /	
			M F	: / /	

For statistical purposes, the following information is requested:

RACE
- ❑ White
- ❑ Black
- ❑ Asian
- ❑ Native American
- ❑ Hawaiian/Pacific Islander
- ❑ Hispanic/Latino
- ❑ Multi-racial
- ❑ Bi-racial
- ❑ Other: _____

Religious Preference:
- ❑ Catholic
- ❑ Protestant
- ❑ Other

STATUS
- ❑ Single
- ❑ Married
- ❑ Widowed
- ❑ Separated
- ❑ Divorced
- ❑ Boyfriend/girl-friend
- ❑ Common Law

How were you referred to James Gagnon Ph.D., LCSW

- ❑ Church
- ❑ Doctor
- ❑ Relative/Friend
- ❑ Community Agency
- ❑ Phonebook
- ❑ DCAF (HRS)
- ❑ Internet/Brochure
- ❑ EAP

Have you been here before? ❑ yes ❑ no If yes, when? _____

Who currently has a job in your household? **What is his/her annual income?** **Who is the employer?**

Name: _____ Annual Income: _____ Employer: _____

Name: _____ Annual Income: _____ Employer: _____

Present Residence
- ❑ Own Home
- ❑ Rent Home or Apt
- ❑ Relatives
- ❑ Hotel / Motel
- ❑ Car / Outdoors
- ❑ Shelter
- ❑ Other: _____

Monthly Income / Benefits
- ❑ No income
- ❑ Up to $420/mo.
- ❑ $421-$835/mo.
- ❑ $836-$1417/mo.
- ❑ Over $1417/mo.

Case Type
- ❑ Adoption
- ❑ Individual
- ❑ Single Parent
- ❑ Marriage/Couple
- ❑ Family (Married Parents)
- ❑ Family (Unmarried Parents)
- ❑ Group

Other: _____

Who can we contact in the case of an emergency?

Last Name	First Name	Relationship	Phone Number:	Alternate Phone: