

# Client Intake Information



Program \_\_\_\_\_ Region \_\_\_\_\_ Case Number \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ Zip \_\_\_\_\_

(Circle One) Home/Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

Email Address \_\_\_\_\_ Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Gender:  Male  Female Marital Status:  Married  Single  Separated  Divorced  Widow(er) Veteran:  Yes  No

Ethnicity:  Caucasian  African American  Asian/Pacific Islander  Hispanic/Latino  Native American  Other/Unknown

Language Preference:  English  Spanish  Other \_\_\_\_\_

Referred By: Name \_\_\_\_\_ Agency \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Last First Middle

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

TOTAL # IN HOME \_\_\_\_\_ Number of People Living in Home (by age):

	0-17	18-54	55+
Female			
Male			

**CONSENT FOR SERVICES**

I have read or had explained to me my rights and responsibilities as a recipient of services from Catholic Charities of East Tennessee that includes the Client Grievance Procedure, Client Rights, and Confidentiality Agreement and have received copies for my records. I understand that I may stop treatment or receipt of services at any time. Questions and concerns regarding receipt of services have been addressed to my satisfaction. I grant my consent to receive services from Catholic Charities of East Tennessee.

Client Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Client's Full Name (please print) \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Witness/Staff \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Interpreter (if applicable) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*Additional Family Members:

Name	Relationship	Age	Race