**CLIENT INTAKE FORM**

1. **Personal Information**

 Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most Recent Address (where you lived or stayed before entering the program):

1. **Emergency Contact**

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of a medical emergency, I authorize staff to seek necessary medical attention on my behalf. Yes/No

1. **Health Information**

Do you currently take any prescribed medications? Yes / No
If yes, list below:

Do you have any allergies and/or medical conditions? Yes/No

If yes, specify:

Do you have a mental health diagnosis? Yes / No
If yes, specify:

1. **Employment/Income**

Are you currently working or receiving income? Yes / No
If yes, please complete the following:

1. Source of Income:

\_\_\_ Employment Job

\_\_\_ Social Security (SSI/SSDI)

\_\_\_ Disability Benefits

\_\_\_ Other (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Amount Received (approximate):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How often do you receive this income?

\_\_\_ Weekly

\_\_\_ Biweekly (every 2 weeks)

\_\_\_ Monthly

\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If monthly benefits (SSI, SSDI, etc,), what day of the month do you receive your payment?
2. **Support Services**

Do you have a case manager or program support specialist? Yes / No

Name & Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Program Acknowledgement**

Do you understand this is a sober living environment and agree to follow all rules and expectations? Yes / No

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: