

Community Reach Center **ADMISSION FORM**



TIER # _____ Admit Date: ____/____/____

Client's Last Name _____ Legal First Name _____ M.I. _____ Preferred Name _____

(____) ____ -- ____ Home Phone Number (____) ____ -- ____ Cell Phone Number _____ Email Address _____

Street Address _____ Apt or Lot # _____ County _____

City _____ State _____ Zip _____

____/____/____ Birth Date ____ -- ____ -- ____ Social Security Number

Employer/School _____ Address _____ (____) ____ -- ____ Work Phone _____ Occupation (or grade in school) _____

Are You Spanish/Hispanic/Latino:

- Hispanic – Mexican
- Hispanic – Cuban
- Hispanic – Puerto Rico
- Hispanic – other
- Not Hispanic or Latino
- Declined

Are You Pregnant:

- Yes
- No

Gender:

- Female
- Male

Employment Status:

- Full Time
- Part Time
- Disabled
- Unemployed
- Student

Problem Existed One Year or Longer:

- Yes
- No

Sexual Orientation:

- Heterosexual
- Gay/Lesbian
- Bisexual
- Decline to answer
- Other: _____

Previous Mental Health Services:

- Inpatient Care
- Other 24-hour Care
- Partial Care
- Outpatient Care

Ethnicity:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Declined

Are you a Veteran or Active Military?

- Yes
- No

Have you ever been diagnosed with the following:

- Developmental Disability
- Blind / Severe Vision Loss
- Traumatic Brain Injury (TBI)
- Deaf / Severe Hearing Loss
- Learning Disability
- None

Living Arrangement (Check all that apply):

- Alone
- Guardian
- Foster Parent
- Mother
- Father
- Partner/Significant Other
- Spouse
- Sibling(s)
- Child/Children
- Relative(s)
- Unrelated Person(s)

Marital Status:

- Never Married
- Married
- Married Separated
- Widowed
- Divorced

Preferred language:

- English
- Spanish
- Other: _____

Years of Education:

____ (High School Diploma = 12 years)

Other Family Members in the Home:

Name(s):	DOB or Age:	Sex (M or F):	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In Case of Emergency, Call:

Name: _____ Phone Number: (____) ____ -- ____ Relationship: _____