



Family Services Client Intake Form

MM / DD / YYYY

Date of Contact (Today's Date) _____ / _____ / _____
 ↓↓↓↓↓↓↓↓↓↓↓↓↓↓**Your Information**↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓

↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓**Your Information**↓↓↓↓↓↓↓↓↓↓↓↓↓↓↓

 First Middle Last

 City

 State

 Email #1

 Home Phone

 Work Phone

- Your Age** (Fill in the circle)
- Children (0-15)
 - TAY (16-25)
 - Adult (26-59)
 - Older Adult (60+)
 - No Response

- Ethnicity – Are you of Hispanic descent?**
- Yes
 - No

- Primary Language**
- English
 - Misteco
 - Spanish
 - Other

Referred By

 First Middle Last

- CAN WE PUT YOU ON OUR MAILING LIST (Newsletters, Solicitations, Etc.)**
 YES NO
- CAN EMAIL YOU?**
 YES NO
- CAN WE TEXT YOUR CELL PHONE?**
 YES NO

Under-served Population

- | | | | | | | | |
|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Homeless | Veteran | LGBTQIA | Spanish Language | Rural | Hearing Impaired | Vision Impaired | Other Disability |
| <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes | <input type="radio"/> Yes |
| <input type="radio"/> No | <input type="radio"/> No | <input type="radio"/> No | <input type="radio"/> No | <input type="radio"/> No | <input type="radio"/> No | <input type="radio"/> No | <input type="radio"/> No |

Home Address

County

Zip Code

Email #2

Cell Phone

Referring Agency

- Your Gender**
- Female
 - Male
 - Other

- Your Race**
- Secondary Language**
- English
 - Misteco
 - Spanish
 - None
 - Other

- Do you attend the Family Support Group?**
- Yes

Consumer Name (Family Member/Loved One)

Your Relationship to the Consumer

I understand that the services I receive through TMHA programs are completely confidential and provided free of cost through Mental Health Services Act funding and private donations.

Signature