

<b>PHOCIS Client Information Worksheet</b>		<b>Reason for Visit:</b>	
<b>PLEASE PRINT</b>		<b>Date:</b>	
<b>Last Name (Legal)</b>	<b>First Name (Legal)</b>	<b>Middle Name (Legal)</b>	
<b>Date of Birth:</b> Mo _____ Day _____ Year _____	<b>Multiple Birth:</b> Yes      No		
<b>Gender:</b> Male      Female	<b>SSN:</b> _____ - _____ - _____		
<b>Birth Country:</b>	<b>Birth State:</b>		
<b>Primary Language:</b>	<b>Foster Child:</b> Yes      No		
<b>Race: <u>Circle</u> all that apply. This is for statistical purposes only.</b>			
<ul style="list-style-type: none"> <li>• American Indian/Native Alaskan</li> <li>• Asian</li> <li>• Black-African American</li> <li>• Native Hawaiian-Pacific Islander</li> <li>• White</li> </ul>	<b>Are You of Hispanic or Latino Origin?</b> Yes      No		
<b>Marital Status: (Please Circle)</b>			
Divorced	Legally Separated	Married	Single
Unknown	Widowed		
<b>Mother's Maiden <u>Last</u> Name:</b>		<b><u>First</u> Name:</b>	
<b>CLIENT Home Address:</b>		<b>City:</b>	<b>ZIP</b>
<b>Do we have permission to contact you at the above address and phone numbers below?</b> Yes      No			
<b>Confidential Address:</b>		<b>City:</b>	<b>ZIP</b>
<b>Phone: (please include area code)</b>			
Cell (    )    -	Home (    )    -		
Confidential Phone (    )    -	Other (    )    -		
<b>Please complete the Guardian information for children 10 &amp; under: (Please <u>circle</u>)</b>			
FATHER	MOTHER	LEGAL GUARDIAN	OTHER _____
<b>Parent/Guardian <u>Last</u> Name:</b>		<b><u>First</u> Name:</b>	<b><u>Middle</u> Name:</b>
<b>Gross Household Income: Please indicate the amount that most closely describes your total annual household income: \$_____      Number of people supported by this income:_____</b>			
<input type="checkbox"/> I choose not to report my income			
<i>You may be asked for more specific financial information in order to better serve you.</i>			
<b>Do you have Health Insurance?</b> Yes      No			
If Yes, <u>please have your card(s) available for review</u>			
<b>Please <u>circle</u> any of the following coverage you maintain:</b>			
PRIVATE INS	MEDICAID	MEDICARE	MILITARY
INDIAN HLTH	OTHER _____		