

Please Print	PHOCIS Client Information Worksheet		Please Print
The information completed below applies to the client receiving services today			
REASON FOR TODAYS VISIT:		TODAY'S DATE:	
Client Last Name:		Client Home Address :	
Client First Name:		City:	State: Zip:
Client Middle Name:			
Suffix – (circle one, if applicable) II III IV Jr. Sr. V		Do we have permission to contact you at the address above? Yes No	
Client Date of Birth:		If you prefer to use a <i>confidential address</i> , please enter it here:	
Client SSN:			
Client Gender: Female Male		Client Phone Contacts:	
Is client a twin, triplet, etc.: Yes No		Cell Phone: ()	Home: ()
Client Birth Country:		Message: ()	Emergency: ()
Client Birth State:		Confidential: ()	Pager: ()
Client Language: American Sign Lang. English Other Spanish		Work: ()	SMS Text: ()
Is Client a Foster Child: Yes No		Contact Name and number for contact <i>other than self</i> :	
Client's Race (circle all that apply):			
American Indian/Alaskan Native		Client Email Address:	
Asian			
Black/African American		It is important that we are able to contact you in the event of an emergency. If you	
Native Hawaiian/Other Pacific Islander		prefer to be contacted at a confidential number, please be sure to list the confidential	
White		number above and enter the contact name if someone other than yourself.	
Race is only used for statistical purposes. Does not affect eligibility.			
Client's Ethnic Group: Hispanic or Latino Origin			
Not of Hispanic or Latino Origin		If the client is under 11 years of age please complete guardian information	
Client's Marital Status:		Relationship: Father Legal Guardian Mother Other	
Married	Single	Guardian Last Name:	
Widowed	Legally Separated	Guardian First Name:	
	Unknown	Guardian M.I.	
Client's Mother's Maiden Name:		Guardian SSN:	
Financial Information: Some services may require additional information		Client Insurance: PLEASE HAVE ID AND CURRENT INSURANCE CARDS AVAILABLE	
Household Income:		Current Insurance Type:	
Number of people supported by Income:		No Insurance Private Medicare IHS Medicaid Military	

Appendix DD