

ADMISSION/DEMOGRAPHICS

Please make sure every blank is filled in.

Today's Date: ____ / ____ / ____

***Client Name:** _____
Last Name First Name Middle Name

Client Suffix: _____

Prior Name: _____
Last Name First Name Middle Name

***Social Security Number:** ____ - ____ - ____

MAILING ADDRESS:

City State Zip Code

Telephone Numbers

Home: (____) ____ - ____ Work: (____) ____ - ____ Message or cell phone: (____) ____ - ____

PHYSICAL ADDRESS (If different than above):

City State Zip Code

1st Emergency Contact: _____ Relationship to you: _____
First Name Last Name

Emergency Contact – Home Phone: (____) ____ - ____ Alternate phone: (____) ____ - ____

2nd Emergency Contact: _____ Relationship to you: _____
First Name Last Name

Emergency Contact – Home Phone: (____) ____ - ____ Alternate phone: (____) ____ - ____

***Date of Birth:** ____ / ____ / ____ Age: ____
Month Day Year

Gender: Male Female

***Education (Highest School Grade Completed) – Choose One**

- | | | |
|---|---|--|
| UN <input type="checkbox"/> Unknown | 8G <input type="checkbox"/> Eighth Grade | BD <input type="checkbox"/> Baccalaureates Degree |
| KI <input type="checkbox"/> Kindergarten | 9G <input type="checkbox"/> Ninth Grade | GW <input type="checkbox"/> Graduate School (No Degree) |
| 1G <input type="checkbox"/> First Grade | 10 <input type="checkbox"/> Tenth Grade | MD <input type="checkbox"/> Master's Degree |
| 2G <input type="checkbox"/> Second Grade | 11 <input type="checkbox"/> Eleventh Grade | VTB <input type="checkbox"/> Voc.-Tech. School |
| 3G <input type="checkbox"/> Third Grade | HS <input type="checkbox"/> High School Diploma (Not GED) | PD <input type="checkbox"/> Doctor/Professional |
| 4G <input type="checkbox"/> Fourth Grade | GED <input type="checkbox"/> General Education Degree (GED) | PS4 <input type="checkbox"/> Postsecondary 4 Years or More (No Degree) |
| 5G <input type="checkbox"/> Fifth Grade | PS1 <input type="checkbox"/> Postsecondary 1 Year | SPE <input type="checkbox"/> Special Education Upgraded Classes |
| 6G <input type="checkbox"/> Sixth Grade | PS2 <input type="checkbox"/> Associates Degree | OT <input type="checkbox"/> Other |
| 7G <input type="checkbox"/> Seventh Grade | PS3 <input type="checkbox"/> Three Years of College | NS <input type="checkbox"/> No School |

***How well do you speak English? Choose One**

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| EX <input type="checkbox"/> Excellent | G <input type="checkbox"/> Good | MOD <input type="checkbox"/> Moderate |
| P <input type="checkbox"/> Poor | N <input type="checkbox"/> Not at all | |

***Race – Choose One**

- | | | |
|---|---|--|
| CAU <input type="checkbox"/> Caucasian | ALE <input type="checkbox"/> Aleut | NHA <input type="checkbox"/> Native Hawaiian |
| BLK <input type="checkbox"/> Black/African American | INU <input type="checkbox"/> Inupiat | PI <input type="checkbox"/> Pacific Islander |
| AIN <input type="checkbox"/> American Indian | YUP <input type="checkbox"/> Yupik | NC <input type="checkbox"/> Not Collected |
| OAI <input type="checkbox"/> Athabascan-Not American Indian | TSM <input type="checkbox"/> Tsimshian | UN <input type="checkbox"/> Unknown |
| TLT <input type="checkbox"/> Tlingit | OAN <input type="checkbox"/> Other Alaskan Native | |
| HAI <input type="checkbox"/> Haida | ASI <input type="checkbox"/> Asian | |

***Ethnicity – Choose One**

- | | | |
|--|---|--|
| CHI <input type="checkbox"/> Chicano/other Hispanic | MA <input type="checkbox"/> Mexican American | SHL <input type="checkbox"/> Spanish/Hispanic/Latino |
| CUB <input type="checkbox"/> Cuban | SNL <input type="checkbox"/> Not Spanish/Hispanic/Mexican | NC <input type="checkbox"/> Not Collected |
| HIS <input type="checkbox"/> Hispanic-origin not specified | PR <input type="checkbox"/> Puerto Rican | UN <input type="checkbox"/> Unknown |

***Veteran Status – Choose One**

- | | | |
|--|---|---|
| NM <input type="checkbox"/> Never in Military | VVC <input type="checkbox"/> Vietnam Era Veteran; Combat | UN <input type="checkbox"/> Unknown |
| MID <input type="checkbox"/> Military Dependent | VVN <input type="checkbox"/> Vietnam Era Veteran; No Combat | NC <input type="checkbox"/> Not Collected |
| RM <input type="checkbox"/> Retired from Military | RNC <input type="checkbox"/> Reserves/National Guard; Combat | |
| ADC <input type="checkbox"/> On Active Duty; Combat | RNN <input type="checkbox"/> Reserves/National Guard; No Combat | |
| ADN <input type="checkbox"/> On Active Duty; No Combat | VE <input type="checkbox"/> Veteran; Other Eras | |

***Does client have Medicaid? Choose One**

- | | |
|--------------------------------|-------------------------------|
| Y <input type="checkbox"/> Yes | N <input type="checkbox"/> No |
|--------------------------------|-------------------------------|

***Admission Type? Choose One**

- | | |
|---|---|
| FA <input type="checkbox"/> First Admission | RA <input type="checkbox"/> Readmission |
|---|---|

***How do you feel your Health is? Choose One**

- | | | | |
|---------------------------------------|---------------------------------------|-------------------------------------|----------------------------------|
| EX <input type="checkbox"/> Excellent | VG <input type="checkbox"/> Very Good | GD <input type="checkbox"/> Good | FR <input type="checkbox"/> Fair |
| PR <input type="checkbox"/> Poor | UN <input type="checkbox"/> Unsure | RF <input type="checkbox"/> Refused | |

***Employment Status – Choose One**

- | | | |
|--|---|---|
| FT <input type="checkbox"/> Employed Full-Time | NU <input type="checkbox"/> Unemployed, Not Seeking Work | NS <input type="checkbox"/> Student |
| PT <input type="checkbox"/> Employed Part-Time | UL <input type="checkbox"/> Unemployed, Seeking Work | R <input type="checkbox"/> Retired |
| IS <input type="checkbox"/> Seasonal Employment; In-Season | NI <input type="checkbox"/> Resident/Inmate | DI <input type="checkbox"/> Disabled |
| SO <input type="checkbox"/> Seasonal Employment; Out-of-Season | NUS <input type="checkbox"/> Unemployed Subsistence Lifestyle | |
| AF <input type="checkbox"/> In the Armed Forces | HM <input type="checkbox"/> Homemaker | NC <input type="checkbox"/> Not Collected |
| NW <input type="checkbox"/> Not Seeking Work | OT <input type="checkbox"/> Other | NR <input type="checkbox"/> No Response |
| UN <input type="checkbox"/> Unknown | NO <input type="checkbox"/> Not in Labor Force – Other | |

***Indicate any Status in the Justice System – Choose One**

- | | |
|---|--|
| CJD <input type="checkbox"/> Court Ordered Juveniles–DJJ | FRL <input type="checkbox"/> Furlough/Rehabilitation Leave |
| CJP <input type="checkbox"/> Court Ordered Juveniles/Parent | INC <input type="checkbox"/> Incarcerated |
| CP <input type="checkbox"/> Case Pending | NGR <input type="checkbox"/> Title 12–Not Guilty/Insanity |
| CSN <input type="checkbox"/> Community Sentencing | NI <input type="checkbox"/> None/No Involvement |
| CTAT <input type="checkbox"/> Court Ordered Alcohol Treatment | OCS <input type="checkbox"/> Office of Children's Services |
| DP <input type="checkbox"/> Deferred Prosecution | PRB <input type="checkbox"/> Probation/Parole |
| DS <input type="checkbox"/> Deferred Sentence | UN <input type="checkbox"/> Unknown |
| EDE <input type="checkbox"/> Emergency Commitment | |

***Family Income – Choose One**

- | | |
|---|---|
| L1 <input type="checkbox"/> \$0 - \$999 | L5 <input type="checkbox"/> \$20,000 - \$29,999 |
| L2 <input type="checkbox"/> \$1,000 - \$4,999 | L6 <input type="checkbox"/> \$30,000 - \$39,999 |
| L3 <input type="checkbox"/> \$5,000 - \$9,999 | L7 <input type="checkbox"/> \$40,000 - \$49,999 |
| L4 <input type="checkbox"/> \$10,000 - \$19,999 | O1 <input type="checkbox"/> \$50,000 – And Over |

***Insurance Type – Choose One**

- | | | |
|---|---|--|
| MB <input type="checkbox"/> Medicare | MC <input type="checkbox"/> Medicaid | OPR <input type="checkbox"/> Other Private Insurance |
| OT <input type="checkbox"/> Other | OPB <input type="checkbox"/> Other Public Insurance | VA <input type="checkbox"/> VA Insurance |
| PP <input type="checkbox"/> Personal Payment/No Insurance | | |

What Are Your Two Sources of Payment? (Indicate “1” and “2”)

- | | | |
|--|--|---|
| <input type="checkbox"/> BCB <input type="checkbox"/> Blue Cross/Blue Shield | <input type="checkbox"/> CIG <input type="checkbox"/> Cigna | <input type="checkbox"/> CSP <input type="checkbox"/> Client Self-Pay |
| <input type="checkbox"/> MDD <input type="checkbox"/> Medicaid | <input type="checkbox"/> MDE <input type="checkbox"/> Medicare | |
| <input type="checkbox"/> OPR <input type="checkbox"/> Other Private | <input type="checkbox"/> OPU <input type="checkbox"/> Other Public | |

***Marital Status – Choose One**

- | | |
|---|--|
| M <input type="checkbox"/> Married | D <input type="checkbox"/> Divorced |
| C <input type="checkbox"/> Cohabiting | L <input type="checkbox"/> Separated |
| W <input type="checkbox"/> Widowed | S <input type="checkbox"/> Single (Never Been Married) |
| NC <input type="checkbox"/> Not Collected | UN <input type="checkbox"/> Unknown |

***Living Arrangement – Choose One**

- | | |
|---|--|
| AFC <input type="checkbox"/> Adult Foster Care | JC <input type="checkbox"/> Jail/Correctional Facility |
| ALF <input type="checkbox"/> Assisted Living Facility | JD <input type="checkbox"/> Juvenile Detention |
| CFC <input type="checkbox"/> Child/Adolescent Foster Care | NH <input type="checkbox"/> Nursing Home |
| CH <input type="checkbox"/> Correctional Halfway House | OT <input type="checkbox"/> Other |
| GH <input type="checkbox"/> Group Home | PR <input type="checkbox"/> Private Residence W/O Support |
| H <input type="checkbox"/> Homeless | PS <input type="checkbox"/> Private Residence W/Support |
| HNP <input type="checkbox"/> Hospital for Non-Psych Purpose | RT <input type="checkbox"/> Residential Treatment |
| HPP <input type="checkbox"/> Hospital for Psych Purpose | S <input type="checkbox"/> Shelter |
| IN <input type="checkbox"/> Alone | SAH <input type="checkbox"/> Substance Abuse Halfway House |
| INP <input type="checkbox"/> In Household W/Non-Relatives | TH <input type="checkbox"/> Transitional Housing |
| IR <input type="checkbox"/> In Household W/Relatives | UN <input type="checkbox"/> Unknown |

***Household Composition – Choose One**

- | | |
|--|--|
| AL <input type="checkbox"/> Client Lives Alone | WN <input type="checkbox"/> Client Lives W/Non-Relatives |
| OT <input type="checkbox"/> Other | WP <input type="checkbox"/> Client Lives W/Adolescents |
| SO <input type="checkbox"/> Client Lives W/Significant Other | WR <input type="checkbox"/> Client Lives W/Relatives |
| WC <input type="checkbox"/> Client Lives W/Children | |

*Number of Children in the Household _____

*Number of People Living with the Client _____

***Primary Source of Income – Choose One**

- | | |
|---|--|
| ACD <input type="checkbox"/> Alaska Native Corp Dividends | PA <input type="checkbox"/> Any Public Assistance or Welfare |
| AL <input type="checkbox"/> Alimony | PAR <input type="checkbox"/> Parent's Income |
| APFD <input type="checkbox"/> Alaska PFD | RR <input type="checkbox"/> Railroad Retirement |
| CH <input type="checkbox"/> Child Support | RS <input type="checkbox"/> Pensions |
| EM <input type="checkbox"/> Employment | SD <input type="checkbox"/> Social Security Disability |
| SE <input type="checkbox"/> Self-Employment | SS <input type="checkbox"/> Social Security |
| NC <input type="checkbox"/> Not Collected | SI <input type="checkbox"/> Supplemental Security Income |
| NO <input type="checkbox"/> None | UC <input type="checkbox"/> Unemployment Compensation |
| SPO <input type="checkbox"/> Spouse/Significant Other | |

***Occupation – Choose One**

- | | | |
|--|---|--|
| 1 <input type="checkbox"/> Professional/Managerial | 2 <input type="checkbox"/> Sales | 3 <input type="checkbox"/> Crafts/Operatives |
| 4 <input type="checkbox"/> Laborers, Not Farm | 5 <input type="checkbox"/> Farm Owners/Laborers | 6 <input type="checkbox"/> Service/Household |
| 0 <input type="checkbox"/> None | | |

Your Employer: _____

Employer Address: _____

_____ City State Zip Code

Employer Telephone: () - _____

PARENT OR LEGAL GUARDIAN

Relationship to You: _____

Responsible Party: _____
Last Name First Name Middle Name

Sex: Male Female Responsible Party's Social Security Number: _____ - _____ - _____

Responsible Party's Address: _____

_____ City State Zip Code

Telephone – Home: () - _____ Work: () - _____

Responsible Party's Employer: _____

Responsible Party's Employer Address: _____

_____ City State Zip Code

Responsible Party's Employer's Telephone: () - _____

Responsible Party's Occupation: _____

Responsible Party's Annual Income: _____

INSURANCE INFORMATION

(PLEASE FILL OUT ONE FOR EACH INSURANCE COVERAGE)

Insurance Source: Medicare Medicaid Other Insurance

If Medicare, please complete this section:

ID Number: _____

Coverage Effective Date: _____

If Medicaid, please complete this section:

Recipient ID Number: _____

Effective Date: _____

If Other Insurance, please complete this section:

Insurance Company Name: _____

Policy Number/Eligibility ID: _____

Plan Name: _____

Group Number: _____

Plan Number: _____

Insured's Relationship to You: _____ **(If you are the insured, enter "Self" and STOP HERE)**

Insured's Name: _____
Last Name First Name Middle Name

Insured's Birthdate: ____/____/____ Sex: M F Social Security Number: ____-____-____

Insured's Address: _____

City State Zip Code

Insured's Telephone: (____) _____

Insured's Employer: _____