Client Information/ Referral Form

Assigned Case Manager: _____ *Client Number:*_____

*Intake Date:*_____

Program: ☐WCYSB

Date of call: ***Time of call (crisis):*** ***Name of Caller:***

Client Name: *(First, Middle, Last)*

Sex: ☐ Male ☐ Female ☐ Transgender ☐ Other

Request Services: ☐ Case Management ☐ Outreach ☐ Shelter/Mediation ☐ Crisis ☐ TLP

Home Address: ***Social Security No.:***

City, State, Zip: ***Age:*** ***Date of Birth:***

Telephone (Home): ***(Work):*** ***(Other):***

OK to leave message? ☐ Yes ☐ No ***E-Mail:***

Responsible Parent/Guardian: ***Telephone:***

School: ***Currently enrolled:*** ☐ Yes ☐ No ***Last grade completed:***

Employment status: full time, part time, unemployed Not in labor force: student, disabled

Presenting Reason for Intake (√ all that apply, CIRCLE PRIMARY REASON):

☐ Abuse/Neglect ☐ Legal Problems ☐ School Problems ☐ Trauma History
☐ Depression/Anxiety Problem ☐ Pregnancy/Parenting ☐ Information ☐ Violence History or Risk
☐ Homeless ☐ Grief/Bereavement ☐ Runaway ☐ Family Conflict
☐ Other:_____

Referral Source:

☐ Family ☐ Friends ☐ Street Outreach ☐ School ☐ Police
☐ Media ☐ Drop-In Night ☐ Other agency ☐ Web site ☐ Probation
☐ Health Professional ☐ Therapist ☐ Other
_____

Previous Counseling: ☐ Yes ☐ No ***Previous client of Youth Services:*** ☐ Yes ☐ No

Counselors' Names: ***Program:***

Describe Presenting Reason:_____

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