PHOCIS Client Information Worksheet											
CLIENT #1 DEMOGRAPHIC											
Legal Name: (Last, First, Middle):				Suffix (Jr., Sr., III):			Mother's Maiden Name:				
Date of Birth (MM/DD/YYYY): Social Sec			curity Number (SSN):			Gender: ☐ Female ☐ Male ☐ Other					
Birth Country:	Birth St	ate:		nry Language: 🗆 I nerican Sign 🗀 C	_		•	Foster Child:  ☐ Yes ☐ No			
☐ American Indian/Alaskan Native ☐ or I		Hispanic or Latino: Yes  No	Mai	☐ N ☐ F ☐ N Mer Gro	Insurance Type: (Please show proof of insurance)  ☐ Medicare ☐ Medicaid ☐ Private (Payer ID/EDI:) ☐ No Insurance  Member ID:  Group ID (if applicable):  Policyholder Name:  Client Relation to Policyholder:						
			(PLEAS	SE LIST ALL THAT							
Street Number	and Nam	е		City	Sta	ate	Zip Code	May we contact you?			
Mailing:								☐ Yes ☐ No*			
Confidential:								☐ Yes ☐ No			
Physical:								☐ Yes ☐ No			
*A confidential address MUST be provided if checked.  PHONE NUMBERS (LIST ONLY NUMBERS AT WHICH WE MAY CONTACT YOU)											
Phone Number:	JIVIDENS	(LIST ONL		Message/Te				100)			
Emergency Contact Name:				Emergency Contact Phone Number:							
HOUSEHOLD INCOME											
Income: \$ per  Year    Month    Twice a Month    Every Other Week  Week    Hour (Numbers of hours worked per week:)											
GUARDIANSHIP (REQUIRED FOR <u>ALL</u> CLIENTS UNDER 18 YEARS OF AGE) Name: (Last, First, Middle)											
(2005)											
Relationship:   Mother   Father   Legal Guardian   Other:											
PLEASE SIGN AND DATE TO VERIFY INFORMATION IS CORRECT											
Signature:							ay's Date:				

	APHICS – Cont	nation and Income are the Sa									
Legal Name: (Last, First, Middle		<b>Suffix</b> (Jr., Sr	., III): Mother			r's Maiden Name:					
Date of Birth (MM/DD/YYYY):	Social Socuri	tu Numbar	· (CCNI)•	(CCN).							
Date of Birth (MM/DD/1111).		Social Securi	Social Security Number (SSN):			Gender	: L Fem	ale 🗆 Male 🗆 Other			
Birth Country:	Birth Sta	ıte:	Primary	Language: 🗆 Er	nglish	Snani	ish	Foster Child:			
birtii State.			_		ther:			☐ Yes ☐ No			
Race:	l	Hispanic or	Marital S		Insurance Type: (Please show proof of insurance						
☐ American Indian/Alaskan Na	ative	Latino:	☐ Married		☐ Medicare ☐ Medicaid ☐ No Insurance						
☐ Asian		☐ Yes	☐ Single		☐ Private (Payer ID/EDI:)						
☐ Black/African American		□ No	☐ Divorced								
☐ Native Hawaiian/ Pacific Island			□ Widowed		Member ID:						
☐ White			☐ Legally Separated		Group ID (if applicable):						
☐ Other:			☐ Unknown		Policyholder Name:						
					Client Relation to Policyholder:						
0 1: 5: 7: 5:											
Guardian Name (Last, First, M	iaaie):			Guardian Relationship to Client:   Mother  Fa							
☐ Legal Guardian ☐ Other:  CLIENT #3 DEMOGRAPHICS – Contact Information and Income are the Same as Client #1											
		APHICS – Cont	act Inform								
<b>Legal Name:</b> (Last, First, Middle	e):			Suffix (Jr., Si	r.,    ): Mother's Maiden Name:			"s Maiden Name:			
Date of Birth (MM/DD/YYYY):		Social Securit	ty Number	(SSN):		Gender	: 🗆 Fem	ale 🗌 Male 🗀 Other			
Binth Country	Divide Car		Duiman		l: -l-	Coon	i a la	Factor Child.			
Birth Country:	Birth Country: Birth State:				nglish ☐ Spanish						
Page.		Hispania au	r •								
Race:   American Indian/Alaskan Na	ativo	Hispanic or Latino:	Marital Status:		Insurance Type: (Please show proof of insurance)  ☐ Medicare ☐ Medicaid ☐ No Insurance						
	ative	☐ Yes	☐ Married								
		□ No	☐ Single ☐ Divorced		☐ Private (Payer ID/EDI:)						
☐ Black/African American			☐ Widowed		Member ID:						
☐ Native Hawaiian/ Pacific Island			☐ Legally Separated		Group ID (if applicable):						
☐ White ☐ Other:			☐ Unknown								
□ Other.	d Other:				Policyholder Name:						
					Client Relation to Policyholder:						
Guardian Name (Last, First, Middle): Guardian Relationship to Client: ☐ Mother ☐ Father											
☐ Legal Guardian ☐ Other:											
CLIENT #4	DEMOGR	APHICS – Cont	act Inform	ation and Incom	ne are	the Same	as Clien	t #1			
Legal Name: (Last, First, Middle		Suffix (Jr., Si	., III):		Mother	r's Maiden Name:					
Date of Birth (MM/DD/YYYY): Social Securit			ty Number	(SSN):		Gender	□ Fem	ale 🗌 Male 🗀 Other			
Birth Country:	Birth Sta	ite:	Primarv	Language: 🗆 Er	nglish	☐ Spani	ish	Foster Child:			
•			_	rican Sign 🗆 O	-	- [-	_	☐ Yes ☐ No			
Race: Hispanic o		Hispanic or	Marital Status:		Insurance Type: (Please show proof of insurance)						
☐ American Indian/Alaskan Native		Latino:	☐ Married		☐ Medicare ☐ Medicaid ☐ No Insurance						
☐ Asian		☐ Yes	☐ Single		☐ Private (Payer ID/EDI:)						
☐ Black/African American		□ No	☐ Divorced		Member ID:						
$\square$ Native Hawaiian/ Pacific Island			☐ Widowed								
☐ White			☐ Legally Separated		Group ID (if applicable):						
☐ Other:			□ Unknown		Policyholder Name:						
					Client Relation to Policyholder:						
	<u> </u>										
Guardian Name (Last, First, M			onship to Client:   Mother  Father								
		☐ Legal Guardian ☐ Other:									