PHOCIS Client Information Worksheet

CLIENT #1 DEMOGRAPHICS

Legal Name: (Last, First, Middle):	**Suffix** (Jr., Sr., III):	**Mother's Maiden Name:**

Date of Birth (MM/DD/YYYY):	**Social Security Number** (SSN)**:**	**Gender:** ☐ Female ☐ Male ☐ Other

Birth Country:	**Birth State:**	**Primary Language:** ☐ English ☐ Spanish ☐ American Sign ☐ Other: _____	**Foster Child:** ☐ Yes ☐ No

Race:	**Hispanic or Latino:**	**Marital Status:**	**Insurance Type:** *(Please show proof of insurance)*
☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Island ☐ White ☐ Other: _____	☐ Yes ☐ No	☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Unknown	☐ Medicare ☐ Medicaid ☐ Private (Payer ID/EDI: _____) ☐ No Insurance Member ID:_____ Group ID (if applicable): _____ Policyholder Name: _____ Client Relation to Policyholder: _____

ADDRESS (PLEASE LIST ALL THAT APPLY)

Street Number and Name	City	State	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:	Message/Text Phone Number:
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: _____)	Number of people in household supported by income:

GUARDIANSHIP (REQUIRED FOR ALL CLIENTS UNDER 18 YEARS OF AGE)

Name: (Last, First, Middle)
Relationship: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other: _____

PLEASE SIGN AND DATE TO VERIFY INFORMATION IS CORRECT

Signature:	Today's Date:

CLIENT #2 DEMOGRAPHICS – Contact Information and Income are the Same as Client #1

Legal Name: (Last, First, Middle):	**Suffix** (Jr., Sr., III):	**Mother's Maiden Name:**

Date of Birth (MM/DD/YYYY):	**Social Security Number** (SSN)**:**	**Gender:** ☐ Female ☐ Male ☐ Other

Birth Country:	**Birth State:**	**Primary Language:** ☐ English ☐ Spanish ☐ American Sign ☐ Other: _____	**Foster Child:** ☐ Yes ☐ No

Race:	**Hispanic or Latino:**	**Marital Status:**	**Insurance Type:** *(Please show proof of insurance)*
☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Island ☐ White ☐ Other: _____	☐ Yes ☐ No	☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Unknown	☐ Medicare ☐ Medicaid ☐ No Insurance ☐ Private (Payer ID/EDI: _____) Member ID:_____ Group ID (if applicable): _____ Policyholder Name: _____ Client Relation to Policyholder: _____

Guardian Name (Last, First, Middle):	**Guardian Relationship to Client:** ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other: _____

CLIENT #3 DEMOGRAPHICS – Contact Information and Income are the Same as Client #1

Legal Name: (Last, First, Middle):	**Suffix** (Jr., Sr., III):	**Mother's Maiden Name:**

Date of Birth (MM/DD/YYYY):	**Social Security Number** (SSN)**:**	**Gender:** ☐ Female ☐ Male ☐ Other

Birth Country:	**Birth State:**	**Primary Language:** ☐ English ☐ Spanish ☐ American Sign ☐ Other: _____	**Foster Child:** ☐ Yes ☐ No

Race:	**Hispanic or Latino:**	**Marital Status:**	**Insurance Type:** *(Please show proof of insurance)*
☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Island ☐ White ☐ Other: _____	☐ Yes ☐ No	☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Unknown	☐ Medicare ☐ Medicaid ☐ No Insurance ☐ Private (Payer ID/EDI: _____) Member ID:_____ Group ID (if applicable): _____ Policyholder Name: _____ Client Relation to Policyholder: _____

Guardian Name (Last, First, Middle):	**Guardian Relationship to Client:** ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other: _____

CLIENT #4 DEMOGRAPHICS – Contact Information and Income are the Same as Client #1

Legal Name: (Last, First, Middle):	**Suffix** (Jr., Sr., III):	**Mother's Maiden Name:**

Date of Birth (MM/DD/YYYY):	**Social Security Number** (SSN)**:**	**Gender:** ☐ Female ☐ Male ☐ Other

Birth Country:	**Birth State:**	**Primary Language:** ☐ English ☐ Spanish ☐ American Sign ☐ Other: _____	**Foster Child:** ☐ Yes ☐ No

Race:	**Hispanic or Latino:**	**Marital Status:**	**Insurance Type:** *(Please show proof of insurance)*
☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Pacific Island ☐ White ☐ Other: _____	☐ Yes ☐ No	☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Unknown	☐ Medicare ☐ Medicaid ☐ No Insurance ☐ Private (Payer ID/EDI: _____) Member ID:_____ Group ID (if applicable): _____ Policyholder Name: _____ Client Relation to Policyholder: _____

Guardian Name (Last, First, Middle):	**Guardian Relationship to Client:** ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other: _____