PHOCIS Client Information Worksheet										
		CS								
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:	☐ An	Primary Language: ☐ E			•	Foster Child: ☐ Yes ☐ No		
☐ American Indian/Alaskan Native ☐ Asian ☐		Hispanic or Latino: Yes No	Mai	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	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:					
		ADDRESS	(PLEAS	SE LIST ALL THAT	ГАР	PLY)				
Street Number	and Nam	е		City	S	State	Zip Code	May we contact you?		
Mailing:								☐ Yes ☐ No*		
Confidential:								☐ Yes ☐ No		
Physical:								☐ Yes ☐ No		
*A confidential address MUS				MBERS AT WHIC	⊔ \ A/I	E MA	V CONTACT	. VOII)		
Phone Number:	OWIDENS	(LIST ONE	TIVOIV	Message/Te				100)		
Emergency Contact Name:				Emergency Contact Phone Number:						
		1	HOUSE	HOLD INCOME						
Income: \$ per										
GUARDIANSHIP (REQUIRED FOR <u>ALL</u> CLIENTS UNDER 18 YEARS OF AGE) Name: (Last, First, Middle)										
Relationship: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other:										
Signature:	EASE SIG	N AND DA	TE TO	VERIFY INFORM	IATIO		CORRECT ay's Date:			
L										

CLIENT #2	DEMOGR	APHICS – Cont	act Inform	ation and Incom	ne are	e are the Same as Client #1				
Legal Name: (Last, First, Middl		Suffix (Jr., S	r., III):		Mother	's Maiden Name:				
	T		/·	<u> </u>		<u> </u>				
Date of Birth (MM/DD/YYYY):	Social Securit	(SSN):	SSN):			Gender: ☐ Female ☐ Male ☐ Other				
Birth Country:	Rirth Sta	to:	Drimany	Languago: 🗆 E	nalich	☐ Spani	Foster Child:			
Birth Country: Birth State:					nglish Spanish Sther:			☐ Yes ☐ No		
Race:	l	Hispanic or	Marital S							
☐ American Indian/Alaskan N	ative	Latino:	☐ Married		Insurance Type: (Please show proof of insurance) ☐ 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							
			- CHKHOWH		Policyholder Name:					
					Client Relation to Policyholder:					
Guardian Name (Last, First, M	iddle):		Guardian Relationship to Client:				nt: 🗆 Mo	ther Father		
, , ,	•			☐ Legal Guardi		-				
CLIENT #3	DEMOGR	APHICS – Cont	act Inform	ation and Incom				t #1		
Legal Name: (Last, First, Middl				Suffix (Jr., S				's Maiden Name:		
Date of Birth (MM/DD/YYYY):		Social Securit	ty Number	· (SSN):		Gender	: 🗆 Fem	ale \square Male \square Other		
	T		1 .			<u> </u>		T		
Birth Country:	Birth Country: Birth State:				nglish Spanish Foster Child:					
		1	Γ'		ther:					
Race:		Hispanic or	Marital S		Insurance Type: (Please show proof of insurance)					
American Indian/Alaskan N	ative	Latino:	☐ Marrie		☐ Medicare ☐ Medicaid ☐ No Insurance					
☐ Asian		☐ Yes ☐ No	☐ Single		☐ Private (Payer ID/EDI:)					
☐ Black/African American	al		☐ Divorced ☐ Widowed		Member ID:					
☐ Native Hawaiian/ Pacific Island			☐ Legally Separated		Group ID (if applicable):					
☐ White			☐ Unknown							
U Other.	☐ Other:				Policyholder Name:					
					Client Relation to Policyholder:					
Guardian Name (Last, First, Middle): Guardian Relationship to Client: ☐ Mother ☐ Father								ther Father		
□ Legal Guardian □ Other:										
CLIENT #4	DEMOGR	APHICS – Cont	act Inform	ation and Incom				t #1		
Legal Name: (Last, First, Middl				Suffix (Jr., S				's Maiden Name:		
Date of Birth (MM/DD/YYYY):		Social Securi	ty Number	·(SSN):		Gender	: 🗆 Fem	ale \square Male \square Other		
Birth Country:	Birth Sta	to:	Duimon	Language: 🗆 E	n alich	Coop	ich	Foster Child:		
Birtir Country.	Dirtii Ste	ite.	_	rican Sign 🔲 O	_	-		☐ Yes ☐ No		
Race:		Hispanic or	Marital S	Insurance Type: (Please show proof of insurance)						
☐ American Indian/Alaskan Native		Latino:	☐ Marrie		☐ 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:					
					Clier	nt Relation	n to Polic	yholder:		
Guardian Name (Last, First, M	Guardian Relationship to Client: ☐ Mother ☐ Father									
	☐ Legal Guardian ☐ Other:									