

PHOCIS New Client Information Worksheet

TODAY'S DATE:		REASON FOR TODAY'S VISIT:	
Please Print		**Please complete each field below with the information that applies to the client receiving services today	
** Please Print			
Client Legal Last Name:		Do we have permission to contact you at the Mailing Address listed? YES NO	
Client Legal First Name:		It is important that we are able to contact you in the event of an emergency. If you do not want to be contacted at the home address, please include a confidential address where you may be contacted on the line below.	
Client Middle Name:			
Suffix – (circle one, if applicable) II III IV Jr. Sr. V		Confidential Address preferred for mail:	
Client Date of Birth:			
Client SSN:	Client Gender: Female Male	Client Phone Contacts: Please list any preferred contact numbers	
Is client a twin, triplet, etc.: Yes No		Cell Phone: () Home: ()	
Client Birth Country:	Client Birth State:	Message: () Emergency: ()	
Client Language: American Sign Lang. English Other Spanish		Confidential: () Pager: ()	
Is Client Currently a Foster Child: Yes No		Work: () SMS Text: ()	
Client's Race: Race is only used for statistical purposes and does not affect eligibility. (please circle all that apply):		Contact Name and number for contact <i>other than self</i>:	
American Indian/Alaskan Native			
Asian		Email Address (optional):	
Black/African American		If the client is under 11 years of age please complete guardian information	
Native Hawaiian/Other Pacific Islander		Relationship: Father Legal Guardian Mother Other	
White		Guardian Last Name:	
Client's Ethnic Group: Hispanic or Latino Origin		Guardian First Name:	
Not of Hispanic or Latino Origin		Guardian M.I.:	
Client's Marital Status:		Guardian SSN:	
Married Single Divorced		Financial Information: Some services may require additional information	
Widowed Legally Separated Unknown		Annual Household Income:	
Client's Mother's Maiden Name:		Number of people supported by Income:	
Client Physical Address :		Client Insurance: PLEASE HAVE ID AND CURRENT INSURANCE CARDS AVAILABLE	
City:	State:	Current Insurance Type: (Circle all that apply)	
	Zip:	No Insurance Private Medicare IHS Medicaid Military	
Client Mailing Address, if different:			
City:	State:	Zip:	