



| | | |
|------------------|--|--------------|
| Central Arizona | 3603 N. 7th Avenue, Phoenix, AZ 85013 | 602.234.1935 |
| Southern Arizona | 6063 E. Grant Road, Tucson, AZ 85712 | 520.296.8255 |
| Northern Arizona | 7515 E. Long Look Drive, Prescott Valley, AZ 86314 | 928.443.1150 |

CLIENT INFORMATION

| | | | | | |
|---|--|-------------------|--|-------------------------------|----------------------------------|
| First Name: | | Last Name: | | Middle Name: | Nickname (if applicable): |
| Date of Birth: | | Age: | | Gender: | |
| If client is a minor, Name of Parent/Legal Guardian/Person whom has custody of client: | | | | Relationship to minor: | |
| Client referred by (type of referral): | | | Name of Organization or Person providing referral: | | |
| Language Preference: <input type="checkbox"/> -English <input type="checkbox"/> -Other (list): | | | | | |
| Employer (if applicable): | | | Occupation (if applicable): | | |
| <i>To better understand and serve the community's needs, CFC does participate in requesting the client demographic information below. Although very helpful, your participation is <u>not required</u> and this demographic information is only used for informational purposes:</i> | | | | | |
| Race/Ethnicity (check all that apply): <input type="checkbox"/> -White <input type="checkbox"/> -Black <input type="checkbox"/> -American Indian <input type="checkbox"/> -Pacific Islander <input type="checkbox"/> -Asian <input type="checkbox"/> -Hispanic <input type="checkbox"/> -Other (list): | | | | | |
| Religious Preference: <input type="checkbox"/> -Undeclared <input type="checkbox"/> -Catholic <input type="checkbox"/> -Protestant <input type="checkbox"/> -Jewish <input type="checkbox"/> -Islamic <input type="checkbox"/> -Other (list): | | | | | |

CONTACT INFORMATION

| | | | | | |
|--|--------------------|--------------------|---|--------------------|----------------|
| Address 1: | | City: | State: | Zip Code: | County: |
| Address 2: | | City: | State: | Zip Code: | County: |
| Email: | Cell Phone: | Work Phone: | | Home Phone: | |
| Name of Emergency Contact (if client is a child please list parent/guardian): | | | Emergency Contact Phone Number: | | |
| Employer of Emergency Contact: | | | Occupation of Emergency Contact: | | |

HOUSEHOLD INFORMATION

| | | |
|--------------------------|--|---------------------|
| Household Income: | If an Adult Client, Marital Status: | Family Size: |
|--------------------------|--|---------------------|

OTHER CHILDREN IN HOUSEHOLD

(Not including client)

| | | |
|--------------|-------------|----------------|
| Name: | Age: | Gender: |
| Name: | Age: | Gender: |
| Name: | Age: | Gender: |
| Name: | Age: | Gender: |

AUTHORIZATION AND ASSIGNMENT OF BENEFITS

| | |
|--|----------------------------|
| Does the client have insurance?: <input type="checkbox"/> Yes <input type="checkbox"/> No | Insurance Provider: |
| <i>I authorize Christian Family Care to bill our insurance provider for services provided. I further authorize payment of medical benefits directly to Christian Family Care:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Insured's Signature: | Date: |