WILLOW OAK COMMUNITY BEHAVIORAL HEALTH CENTER

APPLICATION FOR SERVICES

Date: _____

CLIENT DETAILS

Last Name: First Name: Middle Name:

Date of Birth: Age: SSN: | | | | - | | | - | | | | | Gender:

Home Phone: OK to contact? ☐ Yes ☐ No

Business Phone: OK to Contact? ☐ Yes ☐ No

Cell/Other: Ok to Contact? ☐ Yes ☐ No

Email Address: OK to Contact? ☐ Yes ☐ No

Home Address: OK to contact? ☐ Yes ☐ No

City: County: State: Zip:

Living Situation: *Check all that apply*
☐ Private Residence ☐ Foster Home ☐ Homeless shelter ☐ Residential Care
☐ Institutional Care/Nursing Home ☐ Jail/Correctional Facility ☐ Psychiatric Residential Facility
☐ Homeless but not in shelter ☐ Other: _____

Mailing Address: OK to contact? ☐ Yes ☐ No

City: County: State: Zip:

Driver's License #: State: List any Allergies:

Referral Source: Agency Requiring Services:

Race: Height: Weight: Marital Status: Ethnicity: Hispanic/Latino Origin ☐ Yes ☐ No Preferred Language:

Special Population: *Check all that apply* ☐ Hearing impaired ☐ IV Drug User ☐ None ☐ HIV+ ☐ Pregnant ☐ Veteran ☐ Vision impaired ☐ SSI/Disabled

Communication: ☐ No Impairment ☐ ASL ☐ Single Words Gestures ☐ Utilizes Language Technology

Source of Payment: *Check all that apply* ☐ Self-Pay ☐ Medicaid ☐ Private Insurance Medicaid #:

Private Insurance Name	Group #:	Member #	Pre-Cert #

Number of Individuals in Family: Adjusted Monthly Income:

EMPLOYMENT INFORMATION

Employment Status: ☐ Full Time ☐ Part time ☐ Job Training ☐ Under 18 ☐ Over 64 ☐ Mother/child < 6 ☐ Disabled ☐ No Job

Company Name: Job Position:

Start Month/Year: End Month/Year:

HEALTH & PHARMACY INFORMATION

Pharmacy Name: Pharmacy Phone:

Pharmacy Address: Pharmacy Fax:

Legal Custody: ☐ DFCS Custody ☐ Other Court Appointed Guardian ☐ Not Applicable

Health Issues:

Allergies:

Emergency Contact:	Legal Guardian:
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:

Last Name:	First Name:	Middle Name:

Representative Payee:	Primary Care Physician:
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:

LEGAL HISTORY				
Legal Involvement: *Check all that apply*	☐ Treatment Court ☐ Probate Court	☐ Adult Probation ☐ Juvenile Justice	☐ Jail/Law Enforcement ☐ Adult Criminal Court	☐ Parole ☐ DFCS
Justice System Involvement: Have you been involved with criminal/juvenile system in past year? ☐ Yes ☐ No Number of arrests, regardless of offense or outcome, in past 30 days:			Registered Sex Offender? ☐ Yes ☐ No Registered Drug Offender? ☐ Yes ☐ No	
Probation/Parole Officer's Name and Address:			Probation/Parole Officer's Phone Number:	

EDUCATION HISTORY			
Education:	School Setting	☐ Enrolled Mainstream School ☐ Enrolled in Alternative School ☐ Enrolled Psycho-Education Center	☐ Enrolled in Home School ☐ Enrolled in Technical School ☐ Not enrolled in School
Highest Level of Education Completed?		Number Days Absent from School/Work in Past Month:	
Name/Address of School:			

Please complete this section if the person receiving services is under 18 years old or in foster care

INFORMATION ABOUT NATURAL MOTHER OR NATURAL FATHER				
Last Name:	First Name:		Middle Name:	
Home Phone:	Business Phone:		Other Phone:	
Home Address:				
City:	County:	State:	Zip:	
Place of Employment:		Occupation:		
Marital Status: ☐ Married	☐ Never Married	☐ Divorced	☐ Widowed	☐ Separated

INFORMATION ABOUT FOSTER MOTHER OR FOSTER FATHER				
Last Name:	First Name:		Middle Name:	
Home Phone:	Business Phone:		Other Phone:	
Home Address:				
City:	County:	State:	Zip:	
Place of Employment:		Occupation:		
Marital Status: ☐ Married	☐ Never Married	☐ Divorced	☐ Widowed	☐ Separated

I attest that the information provided is accurate as of the date completed;

_____ _____

Individual Signature Date