

Your Child(ren) Name(s): _____

(Office use only)

NCA #: _____



Client Intake Information Form

PLEASE PRINT

Form Completed by: _____ Date: _____

Additional Military Information

If Yes to any Military Affiliation please select your affiliation:

Air Force

- Active Duty
- Guard/Reserve
- Guard/Reserve-Activated
- Status Unknown
- Veteran

Marine Corps

- Active Duty
- Guard/Reserve
- Guard/Reserve-Activated
- Status Unknown
- Veteran

Army

- Active Duty
- Guard/Reserve
- Guard/Reserve-Activated
- Status Unknown
- Veteran

Navy

- Active Duty
- Guard/Reserve
- Guard/Reserve-Activated
- Status Unknown
- Veteran

Coast Guard

- Active Duty
- Guard/Reserve
- Guard/Reserve-Activated
- Status Unknown
- Veteran

Military Dependent

- Air Force (Child)
- Army (Child)
- Coast Guard (Child)
- Marine Corps (Child)
- Navy (Child)

_____ Military Affiliation-Branch Unknown

_____ None Specified

_____ No Military Affiliation