Client Intake Information Form

PLEASE PRINT

Today's Date: _____

ADULT INFORMATION

Adult First Name:_____ Last Name: _____

Relationship to the child: _____ Date of Birth: _____/_____/_____

Sex: _____ Race: _____ Primary Language: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Address (street): _____

City: _____ State: _____ Zip Code: _____

Are you the legal guardian? _____ Yes _____ No

Are you affiliated with the U.S. Military? _____ Yes _____ No

If yes, check your affiliation:

__ Army __ Marine Corps __ Other
__ Air Force __ Navy
__ Coast Guard __ Space Force

Please check which apply:

__ Active-Duty

__ Veteran

__ National Guard

__ Reserves

__ N/A

If National Guard or Reserves, are you currently activated/on Title 10 Status?

____ Yes ____ No

CHILD INFORMATION:

Child's Name: _____

Date of Birth: _____/_____/_____ Age: _____ Sex:_____ Race: _____

Primary Language: _____

With whom does the child live with? _____

Is the Child a U.S. Military Dependent? ____ Yes ____ No

If yes, which Military Branch? _____

Is the alleged offender connected to the U.S. Military? ____ Yes ____ No

If yes, check your affiliation:

__ Army __ Marine Corps __ Other
__ Air Force __ Navy
__ Coast Guard __ Space Force

Please check which apply:

__ Active-Duty

__ Veteran

__ National Guard

__ Reserves

__ N/A

If National Guard or Reserves, are they currently activated/on Title 10 Status?

____ Yes ____ No