# PHOCIS Client Information Worksheet

## CLIENT #1 DEMOGRAPHICS

| **Legal Name:** (Last, First, Middle): | **Suffix** (Jr., Sr., III): | **Mother's Maiden Name:** |
|---|---|---|
| | | |

| **Date of Birth** (MM/DD/YYYY): | **Social Security Number** (SSN)**:** | **Gender:** ☐ Female ☐ Male ☐ Other |
|---|---|---|
| | | |

| **Birth Country:** | **Birth State:** | **Primary Language:** ☐ English ☐ Spanish ☐ American Sign ☐ Other: _____ | **Foster Child:** ☐ Yes ☐ No |
|---|---|---|---|
| | | | |

| **Race:** | **Hispanic or Latino:** | **Marital Status:** | **Insurance Type:** *(Please show proof of insurance)* |
|---|---|---|---|
| ☐ American Indian/Alaskan Native<br>☐ Asian<br>☐ Black/African American<br>☐ Native Hawaiian/ Pacific Island<br>☐ White<br>☐ Other: _____ | ☐ Yes<br>☐ No | ☐ Married<br>☐ Single<br>☐ Divorced<br>☐ Widowed<br>☐ Legally Separated<br>☐ Unknown | ☐ Medicare ☐ Medicaid<br>☐ Private (Payer ID/EDI: _____)<br>☐ No Insurance<br>Member ID:_____<br>Group ID (if applicable): _____<br>Policyholder Name: _____<br>Client Relation to Policyholder: _____ |

## ADDRESS (PLEASE LIST ALL THAT APPLY)

| Street Number and Name | City | State | Zip Code | May we contact you? |
|---|---|---|---|---|
| Mailing: | | | | ☐ Yes ☐ No* |
| Confidential: | | | | ☐ Yes ☐ No |
| Physical: | | | | ☐ Yes ☐ No |

***A confidential address MUST be provided if checked.**

## PHONE NUMBERS (LIST ONLY NUMBERS AT WHICH WE MAY CONTACT YOU)

| Phone Number: | Message/Text Phone Number: |
|---|---|
| Emergency Contact Name: | Emergency Contact Phone Number: |

## HOUSEHOLD INCOME

| Income: $ _____ per<br>☐ Year ☐ Month ☐ Twice a Month ☐ Every Other Week<br>☐ Week ☐ Hour (Numbers of hours worked per week: _____ ) | Number of people in household supported by income: |
|---|---|

## GUARDIANSHIP (REQUIRED FOR ALL CLIENTS UNDER 18 YEARS OF AGE)

| Name: (Last, First, Middle) |
|---|
| Relationship: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other: _____ |

## PLEASE SIGN AND DATE TO VERIFY INFORMATION IS CORRECT

| Signature: | Today's Date: |
|---|---|
| | |

**CLIENT #2 DEMOGRAPHICS – Contact Information and Income are the Same as Client #1**

| **Legal Name:** (Last, First, Middle): | **Suffix** (Jr., Sr., III): | **Mother's Maiden Name:** |
|---|---|---|
| | | |

| **Date of Birth** (MM/DD/YYYY): | **Social Security Number** (SSN)**:** | **Gender:** ☐ Female ☐ Male ☐ Other |
|---|---|---|
| | | |

| **Birth Country:** | **Birth State:** | **Primary Language:** ☐ English ☐ Spanish ☐ American Sign ☐ Other: _____ | **Foster Child:** ☐ Yes ☐ No |
|---|---|---|---|
| | | | |

| **Race:** | **Hispanic or Latino:** | **Marital Status:** | **Insurance Type:** *(Please show proof of insurance)* |
|---|---|---|---|
| ☐ American Indian/Alaskan Native<br>☐ Asian<br>☐ Black/African American<br>☐ Native Hawaiian/ Pacific Island<br>☐ White<br>☐ Other: _____ | ☐ Yes<br>☐ No | ☐ Married<br>☐ Single<br>☐ Divorced<br>☐ Widowed<br>☐ Legally Separated<br>☐ Unknown | ☐ Medicare ☐ Medicaid ☐ No Insurance<br>☐ Private (Payer ID/EDI: _____)<br>Member ID:_____<br>Group ID (if applicable): _____<br>Policyholder Name: _____<br>Client Relation to Policyholder: _____ |

| **Guardian Name (Last, First, Middle):** | **Guardian Relationship to Client:** ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other: _____ |
|---|---|
| | |

**CLIENT #3 DEMOGRAPHICS – Contact Information and Income are the Same as Client #1**

| **Legal Name:** (Last, First, Middle): | **Suffix** (Jr., Sr., III): | **Mother's Maiden Name:** |
|---|---|---|
| | | |

| **Date of Birth** (MM/DD/YYYY): | **Social Security Number** (SSN)**:** | **Gender:** ☐ Female ☐ Male ☐ Other |
|---|---|---|
| | | |

| **Birth Country:** | **Birth State:** | **Primary Language:** ☐ English ☐ Spanish ☐ American Sign ☐ Other: _____ | **Foster Child:** ☐ Yes ☐ No |
|---|---|---|---|
| | | | |

| **Race:** | **Hispanic or Latino:** | **Marital Status:** | **Insurance Type:** *(Please show proof of insurance)* |
|---|---|---|---|
| ☐ American Indian/Alaskan Native<br>☐ Asian<br>☐ Black/African American<br>☐ Native Hawaiian/ Pacific Island<br>☐ White<br>☐ Other: _____ | ☐ Yes<br>☐ No | ☐ Married<br>☐ Single<br>☐ Divorced<br>☐ Widowed<br>☐ Legally Separated<br>☐ Unknown | ☐ Medicare ☐ Medicaid ☐ No Insurance<br>☐ Private (Payer ID/EDI: _____)<br>Member ID:_____<br>Group ID (if applicable): _____<br>Policyholder Name: _____<br>Client Relation to Policyholder: _____ |

| **Guardian Name (Last, First, Middle):** | **Guardian Relationship to Client:** ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other: _____ |
|---|---|
| | |

**CLIENT #4 DEMOGRAPHICS – Contact Information and Income are the Same as Client #1**

| **Legal Name:** (Last, First, Middle): | **Suffix** (Jr., Sr., III): | **Mother's Maiden Name:** |
|---|---|---|
| | | |

| **Date of Birth** (MM/DD/YYYY): | **Social Security Number** (SSN)**:** | **Gender:** ☐ Female ☐ Male ☐ Other |
|---|---|---|
| | | |

| **Birth Country:** | **Birth State:** | **Primary Language:** ☐ English ☐ Spanish ☐ American Sign ☐ Other: _____ | **Foster Child:** ☐ Yes ☐ No |
|---|---|---|---|
| | | | |

| **Race:** | **Hispanic or Latino:** | **Marital Status:** | **Insurance Type:** *(Please show proof of insurance)* |
|---|---|---|---|
| ☐ American Indian/Alaskan Native<br>☐ Asian<br>☐ Black/African American<br>☐ Native Hawaiian/ Pacific Island<br>☐ White<br>☐ Other: _____ | ☐ Yes<br>☐ No | ☐ Married<br>☐ Single<br>☐ Divorced<br>☐ Widowed<br>☐ Legally Separated<br>☐ Unknown | ☐ Medicare ☐ Medicaid ☐ No Insurance<br>☐ Private (Payer ID/EDI: _____)<br>Member ID:_____<br>Group ID (if applicable): _____<br>Policyholder Name: _____<br>Client Relation to Policyholder: _____ |

| **Guardian Name (Last, First, Middle):** | **Guardian Relationship to Client:** ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other: _____ |
|---|---|
| | |