



FAMILY SERVICE &
GUIDANCE CENTER

FOR INTERNAL OFFICE USE ONLY

ID Number: _____

PREFERRED METHOD OF COMMUNICATION:

Cell Phone _____ Work Phone _____

Email _____

INFORMATION FORM

Thank you for choosing Family Service & Guidance Center (FSGC). Please complete the following information to help us address your needs.

DEMOGRAPHIC INFORMATION

Last Name First Name Middle Name Date of Birth

Street Address City County State Zip Code

Preferred Name (If different from above) Social Security # Phone Number

Name at Birth (If different from above) Marital Status: Married Never Married
Military Status: Veteran Active Duty
 Family Member N/A

Ethnicity: Hispanic or Latino No Yes

Race: Native Hawaiian or Other Pacific Islander Asian White American Indian or Alaska Native
 Black or African American Other (Please specify) _____

Sex at Birth: Female Male

Identified Gender: (Please check all that apply) Female Male Non-binary Transgender Intersex
 Other (Please specify) _____ Prefer not to answer

Sexual Orientation: Straight or Heterosexual Homosexual (Gay or Lesbian) Bisexual Queer Pansexual
 Questioning Asexual Other (Please specify) _____ Prefer not to answer

TRANSLATION SERVICES

Will translation services be needed? No Yes
If YES, what type of translation is needed? _____

EMPLOYMENT INFORMATION

Employed: No Yes (Please specify place of employment) _____

Do any of the following apply: Participating in sheltered work program Transitional employment
 Works less than 30hrs/week Works more than 30hrs/week Retired
 Participates in ongoing volunteering N/A

PAST TREATMENT INFORMATION

Have you received previous treatment for your behavioral health needs: No Yes (Please check all that apply)
 Therapy Medication Management Substance Use Treatment Hospitalization Crisis Stabilization

EDUCATIONAL HISTORY

Highest level of education/grade completed: _____

Currently enrolled in school: No Yes

If YES, please complete the following:

Name of Current School: _____ Current Grade: _____

Is school: An alternative school, including online school Preschool Post-Secondary Education
 Homeschool

Are the following in place: IEP 504 Plan GEI Plan Special Education Classroom
 Other (Please specify) _____ N/A

HISTORY WITH LEGAL SYSTEM

Involved with Dept. of Children and Families (DCF):

- No Yes (If YES, please mark status below)
- Under supervision
- In Custody w/home placement
- In Custody w/out of home placement

Involved with Juvenile or Criminal Justice System:

- No Yes (If YES, please mark status below)
- Under supervision
- In Custody w/home placement
- In Custody w/out of home placement

Law enforcement contact: No Yes/ # of contacts: _____ Been arrested: No Yes/ # of times: _____

LEGAL GUARDIAN INFORMATION

Currently resides with: _____ Their relationship to you is: _____

Information for Guardian Initiating Treatment Today:

Last Name	First Name	Date of Birth	Social Security #
-----------	------------	---------------	-------------------

Relationship to You	Phone Number	<input type="checkbox"/> Check to use for appointment call reminders
---------------------	--------------	----------------------------------------------------------------------

Street Address (If different from your's listed above)	City	County	State	Zip Code
--------------------------------------------------------	------	--------	-------	----------

 Check to consent to communication via email
Email address

Place of Employment Work Phone Number

Guardianship Status: Sole Custody Joint Custody (w/Residential Placement) Joint Custody (Non-residential)
 Other (Please specify)

Information for Additional Guardian:

Last Name First Name Date of Birth Social Security #

Relationship to You Phone Number Check to use for appointment call reminders

Street Address (If different from your's listed above) City County State Zip Code

Email address Check to consent to communication via email

Place of Employment _____ Work Phone Number _____

Guardianship Status: Sole Custody Joint Custody (w/Residential Placement) Joint Custody (Non-residential)
 Other (Please specify)

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

Additional Household Member Information:

Name	Date of Birth	Relationship to You	Receiving Services at FSGC

I have read the questions and assert the information I have provided is correct to the best of my knowledge.

Signature (Age 14 or older) Printed Name Date

Legal Guardian Signature Legal Guardian Printed Name Date