



*****Important: Must download and save form to your computer PRIOR to filling in*****

Intake Short Form

Date: _____

GENERAL INFORMATION

Reason for Visit

Name (First, middle, and last): _____

Marital Status: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

Church Affiliation: _____

Referring Agency: _____

Referring Person: _____

Birthdate: (provide at meeting) Driver's License #: (provide at meeting)

Soc. Sec. #: (provide at meeting) Spouse: _____

Employed: ___Yes ___No If Yes, Employer: _____

Employment Status: _____

How Long Employed? _____ Hourly Pay Rate: _____

Hours worked per week: _____ Weekly Take Home Pay: _____

Do you have a CMH caseworker: ___No ___Yes Name: _____

Do you have a DHHS caseworker: ___No ___Yes Name: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

If you've been in contact with someone at ATLAS, please select name: _____