FAMILY SERVICE AND GUIDANCE CENTER, INC
CLIENT INFORMATION FACE SHEET

CLIENT INFORMATION: Complete this section regarding the Client.

Last Name: ______________________________ **First Name:** _________________________ **Middle Name:** ___________________

Date of Birth: ________________**Social Security Number:** ________________________ **Alias Name(s):** _____________________

Gender: ____Male ____Female ____Transgender-Male to Female ____ Transgender-Female to Male

Client Address: ____
Street City County State 9 Digit Zip Code

Client Birth Last Name: ____

Check which phone number below is "Primary" and which phone number below is the Appointment Reminder #.

Home Phone: ____ **Primary #?** ☐ **Appointment Reminder #?** ☐

Cell Phone: Name: _____________________________ **#:** ___________________ **Primary #?** ☐ **Appointment Reminder #?** ☐

Preferred Communication Method: (Check one) ☐ Email ☐ Home Phone ☐ Work Phone ☐ Cell Phone

Client Marital Status: ____Never Married ____Married ____Divorced ____Separated ____Widowed ____Common Law

Race: ___ American Indian or Alaska Native ___Black or African American ___Native Hawaiian or Other Pacific Islander

___ Asian ___White___Other / Unknown: _______________________ **Ethnicity**: Hispanic / Latino ___YES ___ NO

Client Employer: ______________________________________ **Occupation**: ____________________ **Work Phone**: ____________

ALLERGIES - (Please list all known allergies to medication, food, animals, etc.)

INSURANCE INFORMATION – Will need a copy of each insurance card.

Primary Insurance Company: ____ **(Includes Medicaid and Medicare)**

Insured's Name: ____ **DOB:** ____________________

Employer: ____

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Secondary Insurance Company: ____ **(Includes Medicaid and Medicare)**

Insured's Name: ____ **DOB:** ______________________

Employer: ____

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Tertiary Insurance Company: ____ **(Includes Medicaid and Medicare)**

Insured's Name: ____ **DOB:** ______________________

Employer: ____

Client Name: ____

PARENT / LEGAL GUARDIAN AND HOUSEHOLD INFORMATION

Parent Name	Gender	Date of Birth	SSN	Relationship to the Client	Legal Guardian	Household Member	Emergency Contact

Address:	Cell Phone:
Employer: Work Phone:	Home Phone:

Parent Name	Gender	Date of Birth	SSN	Relationship to the Client			

Address:	Cell Phone:
Employer: Work Phone:	Home Phone:

Legal Guardian Name (If Not the Parent)	Daytime Phone	Relationship to the Client			

Address:	Employer:

Legal Guardian Name (If Not the Parent)	Daytime Phone	Relationship to the Client			

Address:	Employer:

Emergency Contact Person Not Living with the Client	Daytime Phone	Relationship to the Client

Other Household Members Name(s)	Date of Birth	Relationship to the Client	FSGC Current Client?

This information is correct to the best of my knowledge ________________________________ ______________
Signature **Date**

FSGC USE ONLY - MONTHLY HOUSEHOLD INCOME:

Wages, Salary, self-employed (includes Workers' Comp)……………………………………………………………..…. ____________________

Public Assistance (Medicaid) /Unemployment Insurance……………………………………………….………………… ____________________

Retirement/pension (includes SSI and SSDI). …………………………………………………………………………. ____________________

Child Support/Alimony…………………………………………………………………………………..……………… ____________________

Other……………………………………………………………………………………………………….......................... ____________________

Number supported by this Income: ____________ Sub Total……………… $____________________

Sliding Fee Scale Percentage: ____________ Subtract Child Support Paid………….…... $____________________

Total Income………………….……... $____________________

Client Name: ____

CLIENT ADMISSION INFORMATION - Child / Adolescent

CLIENT'S HIGHEST LEVEL OF EDUCATION ACHIEVED
(Please select (X) one)

	10	**None**			24	**High School Graduate (Not GED)**
	11	**Preschool**			25	**One Year of College**
	12	**Kindergarten**			26	**Two Years of College (Inc. Assoc Degree)**
	13	**First Grade**			27	**Three Years of College**
	14	**Second Grade**			28	**Bachelor Degree**
	15	**Third Grade**			29	**Graduate Work (No Degree)**
	16	**Fourth Grade**			30	**Master's Degree**
	17	**Fifth Grade**			31	**Doctorate Degree**
	18	**Sixth Grade**			32	**Special Education Un-graded Class**
	19	**Seventh Grade**			33	**General Education Degree (GED)**
	20	**Eighth Grade**			34	**Vocational Training Beyond High School**
	21	**Ninth Grade**			35	**Unknown**
	22	**Tenth Grade**			36	**Four Years of College (No Degree)**
	23	**Eleventh Grade**			37	**MD**
					38	**JD (Attorney)**

EDUCATIONAL PLACEMENT
(Please select (X) current educational placement)

	1	**Not applicable (not listed below)**			13	**Not in school (GED)**
	2	**Institutional instruction: e.g. psych. Hospital, detention**			14	**Not in school (expelled)**
	3	**Residential School**			15	**Not in school (drop-out)**
	4	**Home-based instruction from school district**			16	**Preschool**
	6	**Special Ed. Classroom**			17	**Other**
	7	**Regular classroom with Special Ed. Services or Consultation**			18	**Alternative Education placement with Intensive Psychosocial**
	9	**Regular classroom (100% of the day, no Special Ed.)**			19	**Not in School – Summer Break**
	10	**Home Schooling not provided by the school district**			20	**Therapeutic Services for Preschool Children**
	11	**Not in school (suspended)**			21	**Enrolled in Post Secondary Education (Technical School, College, Professional Development such as Cosmetology)**
	12	**Not in school (graduated)**				

Name of school attending: ____

SUPPLEMENTAL DETERMINATION BENFITS (SSI or SSDI)

(Please Check One)

___1. Not Applicable; ___2. Eligible and Receiving Payments;

___3. Eligible but not Receiving Payments; ___4.Potentially Eligible (Case not yet Submitted for Determination)

___5. Determined to be Ineligible by Review and Decision. ___6. Determination Decision on Appeal

Client Name: ____

RESIDENTIAL SETTING

(Please select the current residential setting by placing an "X" before the selection)

	1	**Jail / Detention**			8	**Emergency Shelter**
	2	**State Hospital**			9	**Therapeutic Foster Care**
	3	**Inpatient Psychiatric Unit**			10	**Foster Home**
	4	**Crisis Resolution/Stabilization Unit**			11	**Temporarily living with a Relative or Family Friend**
	5	**Drug/Alcohol Treatment Center**			12	**Home of Parent(s): Biological, Adoptive, or Legal**
	6	**Residential Treatment/Level VI**			13	**Independent Living**
	7	**Group Home (level III, IV, V)**			14	**Homeless**

JUVENILE JUSTICE & LAW ENFORCEMENT

(Please report the number of each category based on the previous 30 days)

	Total number of arrests			**# of adjudicated misdemeanors**
	# of adjudicated felonies for property crimes			**# of law enforcement contacts (face-to-face contact not resulting in arrest)**
	# of adjudicated felonies for crimes against persons			**# of adjudicated felonies not property or persons**
				Not Applicable

CURRENT OR PREVIOUS MENTAL HEALTH TREATMENT:

(Please select (X) all that apply)

				Name of the Facility / Provider	**Estimated Last Treatment Date**
	1	**No previous treatment**			
	2	**State mental health hospital** **Enter the county where the client lived independently or with family for six continuous months prior to the latest admission to the State Hospital.**			
	3	**Private psychiatric hospital**			
	4	**Out of Home Crisis Stabilization**			
	5	**General Hospital Psychiatric Unit**			
	6	**Inpatient Substance Abuse (excluding detox, etc.)**			
	7	**Residential mental health treatment within a state correctional facility**			
	8	**Therapist**			
	9	**Medication Management Provider**			
	10	**Other:**			
	11	**Other:**			

CURRENT OR PREVIOUS MEDICAL HEALTH TREATMENT:

(Please enter the information for all that apply)

Provider Type	**Name of the Facility / Provider and Location** (ie. Topeka, Rossville)	**Estimated Last Treatment Date**
Primary Care Physician:		
Other Medical Provider:		
Other Medical Provider:		
Other Medical Provider:		
Other Medical Provider:		

CUSTODY STATUS

(Please select the current residential setting by placing an "X" before the selection)

	1	**Child in JJA Custody and Lives at Home**			5	**Child is Under SRS Supervision, But Not in their Custody**
	2	**Child in JJA Custody and Out of Home Placement**			6	**Child is Under Supervision of JJA, But Not in their Custody**
	3	**Child is in SRS Custody and Lives at Home**			7	**No JJA or SRS Involvement**
	4	**Child is in SRS Custody and Out of Home Placement**				