

Date: \_\_\_\_\_ Reason for your visit today: \_\_\_\_\_

Name: First – Middle - Last \_\_\_\_\_

Birth Name \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver’s License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Message OK?  Y  N Message OK?  Y  N

Alternate Phone: \_\_\_\_\_ Message OK?  Y  N

Emergency Contact Name, Number & Relationship: \_\_\_\_\_

\_\_\_\_\_ Do you want a Release of Information for this person?  Y  N

**Physical Address:** \_\_\_\_\_ OK to send mail?  Y  N  
Street, Apt # City State Zip

**Mailing Address:** \_\_\_\_\_ OK to send mail?  Y  N  
Street, Apt # City State Zip

**Referred by:** \_\_\_\_\_

**Gender:**  Male  Female  Identifies as other

**Race:** Check all that apply

- Alaskan Native  American Indian  Asian  Black/African American
- Native Hawaiian or other Pacific Islander  Other Single  Two or more Unspecified Races  White

**Ethnicity:** Check all that apply

- Cuban  Hispanic – Specific Origin not Specified  Mexican  Not of Hispanic Origin
- Other Specific Hispanic  Puerto Rican  Unknown

**Living Status:** Check all that apply

- Alcohol and Drug Free Housing  Residential Treatment Facility
- Foster Home (licensed by the county or state)  Room and Board
- Jail  Secure Residential Facility (SRTF) Any person living in a secured residential facility
- Oxford Home  Supportive Housing
- Prison  Transient/Homeless
- Private Residence (at home)  Unknown
- Private Residence (with relative)

**Tribal Member:** Check all that apply

- Burns Paiute Tribe  Confederate Tribes of Siletz  Cow Creek Band of Umpqua Indians
- Confederate Tribes of Coos, Lower Umpqua and Siuslaw  Confederate Tribes of the Umatilla  Klamath Tribes
- Confederate Tribes of Grand Ronde  Confederate Tribes of Warm Springs  Not applicable
- Coquille Indian Tribe  Other

**Marital Status:** Check all that apply

- Divorced  Living as Married  Married  Never Married  Separated  Widowed

**Smoking Status:**

- Current Every Day Smoker  Heavy Tobacco Smoker  Smoker, Current Status
- Current Some Day Smoker  Light Tobacco Smoker  Unknown
- Former Smoker  Never Smoker  Unknown if Ever Smoked

**Primary Language:**

- English
- French
- German
- Mandarin
- Portuguese
- Spanish
- Tagalog
- Yapese
- Other \_\_\_\_\_

**Other Language:**

- English
- French
- German
- Mandarin
- Portuguese
- Spanish
- Tagalog
- Yapese
- Other \_\_\_\_\_

**Need Interpreter:**  Y  N

**Hearing Impaired?**  Y  N

**Veteran Status:**

- No
- No, but current or former guard/reserve military
- Unknown
- Yes, Veteran & current or former active duty military
- Yes, Veteran and current or former guard/reserve military
- Yes, Veteran & not specified branch of service

**Legal Status:**

- 180 Day Civil Commitment
- 30 Day Civil Commitment
- 90 Day Civil Commitment
- Aid and Assist (ORS 161.370)
- DUII Convicted Client
- DUII Diversion Client
- Guardianship (Child Welfare)
- Guardianship (Court)
- Incarcerated
- Involuntary Custody
- Juvenile Psychiatric Security Review Board (JPSRB)
- None
- Parole
- Post-Booking Jail Diversion
- Pre-Booking Jail Diversion
- Probation
- Psychiatric Security Review Board (PSRB)
- Unknown

**Employment Status:**

- Disabled-unable to work for physical or psychological reasons
- Full Time (35 hours or more)
- Homemaker
- Hospital Patient or Resident of Other Institutions
- Not in Labor Force Detail
- Other Reported Classifications (e.g. volunteers)
- Part Time (fewer than 35 hours)
- Retired
- Sheltered / Non-Competitive Employment
- Student
- Unemployed
- Unknown

**Education:**

Number of School Years Completed, including college \_\_\_\_\_ High School Diploma / GED  Y  N

**Enrolled in Vocational Training:**  6 mos  30 days  Unknown

**Household Information:** Number in your household, including yourself: \_\_\_\_\_ Number under age 18: \_\_\_\_\_

Estimated Gross Household Monthly Income \$ \_\_\_\_\_

**Principal Income Source:**

- Disability / SSDI
- None
- Other
- Public Assistance
- Retirement / Pension / SS
- Unknown
- Wages / Salary