

## Catalyst Life Services Demographic Information

Client ID# \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ May we contact you at home? YES NO

SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ MALE FEMALE OTHER \_\_\_\_\_

School / Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

May we contact you there? YES NO

Emergency/Canceling Appt. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Referral's Name: \_\_\_\_\_

Preferred Language: English / Spanish / Other \_\_\_\_\_ Veteran of the U.S. Armed Forces? YES NO

**Legal Status:** \_\_\_\_\_

- 1 None
- 2 Pretrial
- 3 Diversion
- 4 Probation
- 5 Parole
- 6 Guardianship

**Marital Status:** \_\_\_\_\_

- A. Married
- B. Divorced
- C. Widowed
- S. Single

**Race:** \_\_\_\_\_

- W. White
- B. Black
- M. Alaskan Native
- A. Asian
- N. American Indian
- P. Native Hawaiian/Pacific Islander
- U. Unknown

**Ethnicity:** \_\_\_\_\_

- A. Puerto Rican
- B. Mexican
- C. Cuban
- D. Other Hispanic
- E. Not Hispanic or Latino

**Occupation:** \_\_\_\_\_

- 1 Administration
- 2 Professional
- 3 Paraprofessional
- 4 Technician
- 5 Safety Service
- 6 Office Worker
- 7 Skilled Craft
- 8 Laborer
- 9 Service Worker
- 10 Other
- 11 Student
- 12 Unemployed

**Education Level:** \_\_\_\_\_

- 00 Less than 1 year
- 01 Grade One
- 02 Grade Two
- 03 Grade Three
- 04 Grade Four
- 05 Grade Five
- 06 Grade Six
- 07 Grade Seven
- 08 Grade Eight
- 09 Grade Nine
- 10 Grade Ten
- 11 Grade Eleven
- 12 High School Diploma / GED
- 13 Trade or Technical School
- 14 Some College
- 15 2 yrs College / Assoc. Degree
- 16 4 yr College / Undergrad Degree
- 17 Graduate Course(s)
- 18 Graduate Degree
- 19 Post Graduate
- 20 Further Specialized Studies
- \_\_\_\_ (21-25) Additional Years of Ed.

**Current Living Arrangement:** \_\_\_\_\_

- A. Own Home / Rent
- B. Friend's Home
- C. Relatives Home
- D. Supervised Group Living
- E. Supervised Apartment
- F. Boarding House
- G. Crisis Residential
- H. Children's Foster Care
- I. Adult Foster Care
- J. Intermediate Care Facility
- K. Skilled Nursing Facility
- L. Respite Care
- M. Intermediate Care- M.R.
- N. Licensed M.R. Facility
- O. State M.R. Facility
- P. State M.H. Facility
- Q. Hospital
- R. Correctional Facility
- S. Other
- T. Homeless
- U. Rest Home

# Dependents under 18 in household? \_\_\_\_\_ If child, is child in custody of ODHS/Children Services? YES NO

Special Accommodations Needed: YES NO

If Yes, Specify: \_\_\_\_\_

Impairment / Disabilities: YES NO

If Yes, Specify: \_\_\_\_\_

Do you have a Primary Care Physician: YES NO Seen in last 12 months: YES NO

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Members of Household**

<u>First Name</u>	<u>Last Name</u>	<u>Relation</u>	<u>Sex</u>	<u>Age</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have a guardian?      \_\_\_ Yes    \_\_\_ No  
 Do you have a Representative Payee?    \_\_\_ Yes    \_\_\_ No  
 Do you have a Power of Attorney?      \_\_\_ Yes    \_\_\_ No

If any of these questions are yes – please complete:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Legal documentation of the above status provided? YES NO

Form Completed By: \_\_\_\_\_

Relation to Client: Self Parent Guardian Representative Payee Power of Attorney