LIGHTHOUSE YOUTH SERVICES
BRIGHTER LIVES FOR YOUTH AND FAMILIES

Client Demographic Information

Client Name (First, MI, Last)	**Preferred Name**	**Client No.**	**Intake Date**

Client/Guardian Contact Information

Guardian Name:		**Relationship to Client:**		
Address		**City**	**State**	**Zip**
Primary Household				
Secondary Household (foster home, group home, residential placement, etc.)				

Client/Guardian Home Phone ( )	**Client/Guardian Work Phone** ( )	**Other Means to Contact (email address, additional phone #)**

What is the best way to contact you?	**Where may we leave a message?**
☐ Primary Address ☐ Home Phone ☐ Work Phone	☐ Home ☐ Work
☐ Other : _____	☐ Other:

Client Information

Client Age	**DOB** (MM/DD/YYYY)	**Gender (check all that apply)**	**Soc. Sec. No.**
		☐ Male ☐ Female ☐ Transgender ☐ Gender fluid ☐ Agender /Neutrois ☐ Other	

Race
☐ W – White ☐ N – Native Am. ☐ P – Native Hawaiian/Other Pacific Islander ☐ Multiple Race
☐ B – Black/African Am. ☐ A – Asian ☐ M – Alaskan Native ☐ Unknown

Ethnicity
☐ A – Puerto Rican ☐ B – Mexican ☐ C – Cuban ☐ D – Other Hispanic ☐ E – Not Hispanic or Latino

Emergency Contact (name and address)	**Relationship**	**Emergency Contact Phone** ( )

Primary Language	**Client needs the assistance of an interpreter?**
	☐ No ☐ Yes If yes ☐ American Sign Language ☐ Language Interpreter (specify):

Referral Information

Medicaid ☐	**Medicaid #**	**Referral Source and Case # (if applicable)**

Reason for Referral

Other Service Providers (if applicable)

Diagnosis (if applicable)

Current Medications (if applicable):