Haven's Heart

Client Application for Assistance

Client Name:					
Address:					
Home Phone:				**Cell#**	
DOB:		**Age:**		**SS#:**	

Parent/Guardian Name		**Relation:**	
Address:			
Home Phone:		**Cell#:**	
Work #:		**Other#:**	

Parent/Guardian Name		**Relation:**	
Address:			
Home Phone:		**Cell#:**	
Work #:		**Other#:**	

Ethnicity:	**Afro-American:** ☐	**Caucasian:** ☐	**Hispanic:** ☐	**Asian:** ☐	**Other:**
Gender:	**Female:** ☐	**Male:** ☐		**Primary Language:**	
Religion:	**Christian:** ☐	**Buddhist:** ☐	**Hindu:** ☐	**Jewish:** ☐	**Other:**

Diagnosis:		**Onset Date:**	
Diagnosis:		**Onset Date:**	

AREAS OF CRISIS **Mark all that apply and explain below**	**Financial** ☐	**Emotional** ☐	**Spiritual** ☐	**Psychological** ☐
	Social ☐	Occupational ☐	Interpersonal ☐	

Description of current Challenges:

Description of Needs (Please be as specific as possible): (May use additional Pages if needed)

This section for office use only

Referred by:		**Date of Referral:**	
Review Assigned to:		**Date Review Complete:**	

Board/Committee Approval: Yes ☐ **No** ☐ **Client Record # :** _____

Intake Completed by Signature Date