

YOUTH HAVEN, INC.
BEHAVIORAL HEALTH DEMOGRAPHICS

Profile of Client

Last name: _____ First name: _____ Middle Name: _____

Social Security Number: _____ Date of Birth: _____ Gender: _____

Address of Residence: _____

Apt. # _____ City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Client Demographics

Ethnicity

- Caucasian/White
- Cuban
- Haitian
- Mexican
- Spanish/Latino
- Other Hispanic
- Puerto Rican
- None of the Above

Race

- American Indian/Alaskan Native
- Asian
- African American
- Multi-Racial
- Native Hawaii/Other Pacific Island
- White

Marital Status

- Single
- Married
- Widowed
- Divorced
- Separated
- Unreported
- Domestic Partner
- Legally Separated

Veteran Status

- In Reserves
- Currently in Service
- None
- War-time Service
- Non War-time Service

Employment Status

- Active Military, Overseas
- Active Military, USA
- Full Time
- Part Time
- Leave of Absence
- Retired
- Terminated/Unemployed
- Student
- Disabled
- Homemaker

Current Grade

- No Schooling
- Nursery School to 5th grade
- Middle School
- High School
- GED
- Some College (no degree)
- Associates Degree
- Bachelor's Degree
- Master's Degree
- Professional Degree
- Doctoral Degree
- Special School
- Vocational School
- Other

Living Arrangement

- Independent, Living alone
- Independent, Living w/ Relatives
- Independent, Living w/ Non-relative
- Dependent, Living w/ Relative
- Dependent, Living w/ Non-Relatives
- Assisted Living
- Group Home
- Foster Care/Home
- Homeless
- DDJ Facility
- Other

Primary Language: _____

Guardian Information/Alternative Address

Guardian's Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Apt. # _____ City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Child's Legal Guardian: Parent Relative Non Relative Emancipated Minor State/Public Agency N/A

Client Name: _____

Client ID: _____

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Financial Information

Number of Dependents (children under 17): _____ Number in Household: _____
Primary Income: Salary Retirement/Pension/SSI Disability Other None
Employer: _____
Amount Earned: \$ _____ Weekly Bi-Weekly Monthly Annual

Individuals in the Home

Name	Relationship	Date of Birth

Insurance Information

Primary Ins. Co.: _____ Benefits #: _____
Policy Number: _____ Group Number: _____
Subscriber Name: _____ Relation to Client: _____
Subscriber SSN: _____ Subscriber DOB: _____

Why are you seeking counseling at this time?

Client Name: _____
Client ID: _____