



## Financial Intake Information

Please print and complete all boxes.

**Date Completed:** \_\_\_\_\_ **Chestnut Staff Member:** \_\_\_\_\_

Client Last Name	Client First Name			Client Middle Name
Mailing Address	City	State	Zip Code	County

Home Telephone <input type="checkbox"/> permission to call	Work Phone <input type="checkbox"/> permission to call	Cell Phone <input type="checkbox"/> permission to call
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Social Security Number
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Re-married	Ethnic Background (Race)	Driver's License Number
How were you referred to Chestnut? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Newspaper Article <input type="checkbox"/> Radio Ad <input type="checkbox"/> Radio News <input type="checkbox"/> TV Ad <input type="checkbox"/> TV News <input type="checkbox"/> Word of Mouth (Family or Friends) <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Website <input type="checkbox"/> Internet Ad <input type="checkbox"/> Direct Referral Only (please specify) _____ <input type="checkbox"/> Other (please explain)		

**Client Employment Information:**

<input type="checkbox"/> Unemployed <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Seasonal Worker <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Leave of Absence	If Employed: Employer Name and Address
Length of Current Employment Status:	
Source of Income: <input type="checkbox"/> Wages <input type="checkbox"/> Alimony <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Other:	Annual Income: \$
Legal status: <input type="checkbox"/> none <input type="checkbox"/> on Court Supervision <input type="checkbox"/> on probation <input type="checkbox"/> on parole <input type="checkbox"/> pending	

**Responsible Party Information: (Complete only if client is a minor child.)**

Responsible Party Name	Responsible Party DL#: State of DL#:	
Responsible Party Address	City, State, Zip Code	
Responsible Party Gross Family Income (Annual) \$	Number of Dependents:	
Relationship to Client: <input type="checkbox"/> Mother/Maiden Name: _____ <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> State Appointed <input type="checkbox"/> Other:		
Mothers Employer Name and Address	Home Phone Number	Mother's Work Number
	Cell Phone Number	Mother's Social Security Number
Fathers Employer Name and Address	Home Phone Number	Father's Work Number
	Cell Phone Number	Father's Social Security Number

**(For Office Use Only)**

Client Name	Client Number
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### Insurance Information

(Please provide us with a photocopy of your card/cards.)

	Primary Insurance Information	Secondary Insurance Information
Insurance Company Name		
Insurance Company Telephone Number		
Insurance Policy Number		
Group Number		
Policyholder Name (Last Name, First, Middle)		
Policyholder Social Security Number		
Policy Holder Telephone Number		
Policyholder Address		
Policyholder City, State, Zip Code		
Policyholder Date of Birth		
Policyholder Employer	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other:	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other:
Policyholder Relationship to Client		

**In case of an emergency, whom may we contact for you?**

Name	Address	City, State, Zip Code
Relationship to Client: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> State Appointed <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		
Home Telephone Number:	Work Phone Number:	Cell Phone Number:

**(For Office Use Only)**

Client Name	Client Number
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