

GNH Records Management, Inc.
Client Stat Sheet

Client Name: _____ **SS#:** _____
Address (CSZ): _____
Phone #: _____ **Birth Date:** _____
What type of facility (i.e. rental apartment, public institution, etc.)? _____
Mothers Maiden Name _____ **Fathers First Name** _____
Where were you born? _____

Referred by:
Name: _____ **Title:** _____
Business: _____
Phone #: _____ **Ext.** _____ **E-mail:** _____
Social Worker: _____ **#** _____
Financial Worker: _____ **#** _____

Will client be receiving Social Security or Supplemental Security Income? (list) _____

Why is client receiving Social Security payments? _____

Is drug addiction or alcoholism condition a contributing factor? _____

Has client ever been convicted of a felony? If so, What? _____

Client's marital status: _____

Does client live alone or with others? _____

Is client employed or receive any other income? _____

Legal Guardian: _____

Custodian: _____

Doctor: _____ **Address** _____

Other pertinent info I should know about applicant: _____

Bills payable on their behalf: _____

