



Reg. 645.B

CLIENT SCREENING

Date: _____

Name: _____

Age: _____

DOB: _____

Tier Level: _____

Gender: Male Female

Address: _____

Phone Number: () _____

LEGAL GUARDIAN NAME: _____

LEGAL GUARDIAN EMAIL: _____

LEGAL GUARDIAN ADDRESS: _____

LEGAL GUARDIAN CONTACT: () _____

DO YOU WANT INTAKE PACKET DOCUSIGN OR MAILED TO ADDRESS LISTED ABOVE?

MAIL INTAKE PACKAGE

DOCUSIGN *Provide email address to DocuSign* _____

SUPPORT COORDINATOR NAME: _____

SUPPORT COORDINATOR CONTACT: _____

COMMUNITY SERVICE BOARD: _____

SELECT THE PROGRAM BELOW FOR ENROLLMENT:

Community Engagement

Sponsored Residential

SELECT THE NUMBER OF DAYS TO ATTEND:

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

Reason for referral:

