



CLIENT INTAKE FORM

Date _____ **Gender** _____ **Date of Birth** _____

Legal Name _____ **Preferred Name (Nickname)** _____

Address _____ **Email** _____

Phone # _____ **Referred By** Bexar County Justice System SID _____
 Family Friend Other _____

Household Size _____ **# of Adults in Household** _____ **# of Children in Household** _____

Household Type _____ **Ethnicity** _____ **Race** _____
 (Single Parent / Guardian / Two Parent) (Hispanic / Non-Hispanic) (White African American Bi-Racial Asian)

Last Grade Level Completed _____ **Employment Status** _____ **Abuse Survivor** _____
 (12th Grade, Freshman College) (Full time, Part Time, Unemployed, Student) (Yes/Child Yes/Adult No Decline to Answer)

What brings you to us today?
 (Top 3 reasons for seeking services / assistance)

What is your central problem? What are the current issues in your life?

What needs do you have that are not being met?
 (Food, Housing, Transportation, Education, Counseling, Court Advocacy)

Any pending legal issues or past legal issues affecting your life?

CONFIDENTIALITY & CONSENT FORM

Limits of Confidentiality

What you discuss during your mentoring session is kept confidential. No contents of this session, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

- **Duty to Warn & Protect:** If you disclose a plan or threat to harm yourself, Life Restored staff must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan or threat to harm another person, Life Restored is required to warn the possible victim and notify legal authorities.
- **Abuse of Children:** if you disclose, or it is suspected, that there is abuse or harmful neglect of children, Life Restored must report this information to the appropriate State agency and/or legal authorities.

Consent to Collect and Use Information

In order to provide adequate services at Life Restored, the information you provide to us will be collected and input into an agency database to coordinate the provision of services.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications. I also give permission to share identified personal information about me and my household in the agency database.

- I have the right to revoke this consent at any time and such revocation must be in writing.
- There may have been information shared based on this consent when it was in effect and that revoking this consent will not cause that information to be withdrawn from those with whom it was shared.
- I am entitled to a copy of this release and sharing form.

Print Name

Client Signature

Date