

Date: _____

Service Application Form

Client #

Applicant's Information

☐ Adult ☐ Minor (under age 18)

☐ Female ☐ Male

Last Name: _____ First Name: _____ MI _____

Birthdate: ____/____/____ Age: _____ Parent/Guardian's Name (if minor): _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Marital Status: _____ Religion: _____ Church Affiliation: _____

Race: _____ Highest Grade Completed _____

Why are you here? _____

Who referred you? _____

Emergency Contacts

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits on my behalf to Agape Restoration Ministries of God. I authorize payment of medical benefits to Agape Restoration Ministries of God.

Print Name

Client's Signature

Date

Print Parent/Guardian Name (If client is a minor)

Parent/Guardian Signature

Date