

Jack's Place-Client Interest Questionnaire

Thank you for showing an interest in receiving counseling services at Jack's Place!

Please fill out the form below so we can make sure our services are the appropriate fit for our teen.

Note: This is NOT the initial intake form. Intake and informed consent forms will be sent once it is determined our services are appropriate for your child.

If your child is experiencing a mental health crisis please contact: 9-8-8 (The Suicide and Crisis Lifeline) or 9-1-1 (request a Crisis Intervention Team officer).

** Indicates required question*

1. Email *

2. Client Name *

3. Client Age and DOB *

4. Guardian Name *

5. Guardian Contact Information *

6. Student's School Campus *

7. Please give a brief explanation on what your teen is hoping to address in therapy.

8. Are there financial barriers that have kept your child from accessing mental health/counseling services previously? *

Mark only one oval.

☐ Yes

☐ No

9. Is your child covered by health insurance If so, which one? (BCBS, IMS, Cigna, Medicaid, etc.) *

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