



Erick Enterprise LLC

"Strengthening Individuals and Empowering Families"

Today's Date _____

Assessment Form

In order for us to assist you further, please complete the information listed below: *(please print)*

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Phone Carrier & Cell: _____

Email: _____ Employer: _____ Salary _____

Church: _____ Pastor's name: _____

Which of the following services areas present the greatest interest for you (Check all that apply to you)? Your comments can help us improve available options:

- | | Specific Comments/Additional Information |
|--|--|
| <input type="checkbox"/> Life Coaching | _____ |
| <input type="checkbox"/> Anger Management | _____ |
| <input type="checkbox"/> Couple's Coaching | _____ |
| <input type="checkbox"/> Parental Coaching | _____ |
| <input type="checkbox"/> Career Coaching | _____ |
| <input type="checkbox"/> Rights & Responsibilities | _____ |
| <input type="checkbox"/> Credit Management | _____ |

How can we assist you? (Please provide as much detail as possible)

What information do you have to assist us in helping you? – e.g. court documents, child support order, divorce decree, etc.

Do you have a Felony Non-Support Child Support Case? (Yes or no) _____