GROUP INTAKE FORM

Legal Name of Client:

Client's Date of Birth?

Client's Age:

Client's Address:

Caregiver A's Legal Name:

Does the Client live with Caregiver A?

Caregiver A's Email:

Best Contact Number:

Preferred Method of Contact:

Marital Status between Caregivers:

Caregiver B's Legal Name:

Does the Client live with Caregiver B?

Caregiver B's Email:

Best Contact Number:

Preferred Method of Contact

Is there anything else you would like me to know before the first day of group?

Are you looking to utilize coverage through a third-party or your employer?*If responding yes, what is the insurance company?