



CLIENT INFORMATION FORM

*\*Denotes a required field*

\*  New Client or  Update

**\*Primary Contact**

Title	*First Name	Middle Name	*Last Name	Last Name 2	Suffix
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*Employer _____	Employer Telephone No. _____
*Date of Birth (DOB) MM/DD/YR _____	I identify my gender as: Male Female Other
Year began working in/residing in Teton County _____	I do not currently work or reside in Teton County <input type="checkbox"/>

**\*Demographic Information**

*Civil Status	Single	Living w/partner	Birthplace (City, State, Country) _____
	Married	Separated	
	Widow(er)	Divorced	
	Other (Please detail)	_____	

- \*I identify my race/ethnicity as – *Select as many as apply*
- Prefer not to disclose.
  - American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  - Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  - Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
  - Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
  - Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."



**\*Contact Information**

*Provide at least one mailing address*

No mailing address

\*Mailing Address

City, State

Zip Code

Physical Address (if different from Mailing Address)

City, State

Zip Code

*Provide at least one telephone number*

No phone number  Wi-Fi Only

Preferred APP

Mobile/Cellular

Home

Work

Other

Email Address

No email address

**Emergency/Secondary Contact**

Title First Name Middle Name Last Name Last Name 2 Suffix

Telephone

Number

\*Relationship to Primary Contact

Spouse/Partner

Family Member

Friend

Employer

Same as Primary Contact

No phone number

Other

**\*Communication/Appointment Confirmation Process**

Please select all the ways we may communicate with you

Email

Text Message

Phone Call

Only

Direct Mail

Wi-Fi

Preferred APP

Other (Please detail):

May we leave you voicemail messages?

Yes

No

What is your preferred communication language?

English

Spanish



**\*How did you hear about One22?**

Please select all that apply

- Current client
  - Search Engine
  - Social Network (Facebook, Instagram, etc)
  - Advertisement
  - Event
  - Friend/Word of Mouth
  - Forum/BLOG
  - Community Entry Services (CES)
  - Drug Court
  - Turning Point
  - Climb Wyoming
  - Jackson Hole Community Counseling Center
  - Teton Youth & Family Services (TYFS)
  - Children's Learning Center (CLC)
  - Lion's Club
  - Jackson Cupboard
  - Referred by:**
  - Select as many as apply*
  - Community Safety Network (CSN)
  - Good Samaritan Mission
  - Private Counselor
  - Curran Seeley
  - Mountain House
  - Doug Coombs Foundation
  - Dept. of Family Services (DFS)
  - Senior Center
  - Teton Free Clinic
  - Department of Vocational Rehab
  - Teton Literacy Center
- Local Church: \_\_\_\_\_ Other: \_\_\_\_\_

**Appointment Policy**

Please arrive at your scheduled appointment in a timely manner. A delay of more than 15 min may force us to reschedule the appointment for a different day and time. If you must cancel your appointment, we ask that you let us know at least 24 hours in advance. In the face of unforeseen circumstances such as weather and other emergency situations, we may also need to re-schedule your appointment. We appreciate your understanding and flexibility if this occurs and we will let you know by means of the phone numbers listed in this form.

**Primary Contact Insurance Information**

Insured? Yes / No

Insurance Provider:

**Dependent information**

Name(s)/ Last name(s)	Date of Birth (M/D/YEAR)	Gender (M,F,O)	Insurance Provider	Medicaid ID