

CLIENT INTAKE FORM

CLIENT INFORMATION

Name (Last, First, MI)

Street Address

City, State Zip

Email

Phone Number

Date of Birth

Military Service

Veteran

Non veteran

Military Status

Active Member

LEVEL OF EDUCATION

High School

Address

From _____ To _____ Did you graduate? Yes No

College

Address

From _____ To _____ Did you graduate? Yes No

Other

Address

From _____ To _____ Did you graduate? Yes No

Service Provided

In-Person Online Phone

Best time to reach you?

Morning Afternoon Evening

Marital Status

Single Partnered Married
 Separated Divorced Widowed

Gender

Male Female

Do you have any disabilities?

Yes No

Race / Ethnicity

Black or African American White
 Hispanic or Latino Asian
 American Indian or Alaska Native
 Non-Hispanic or Latino
 Native Hawaiian or Pacific Islander

Primary / Preferred Language

Spanish English



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What is the nature of counseling/services you are seeking? (Check all that apply)

- How to start your own Day Care Business
- Licensing: 15-Hour Program 30-Hour Program
- First Aid/CPR/AED Certification
- Re-certification
- Loans

If other, please describe specific assistance requested: _____

Which time would you prefer to attend class at WHIDC?

- Mornings
 - Afternoons
 - Evenings
-

Describe the business you would like to create/expand and why?

Applicant Signature

Date