



CLIENT INTAKE FORM

DISCLAIMER: Thank you for your interest in being a client of DACS Foundation Inc. This form is used to collect information about new clients for internal purposes only and to be kept confidential.

PERSONAL INFORMATION

Name: _____

Gender: Male Female Other

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Date of Birth: ___/___/___ Ethnicity/Race: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Medical Coverage Provider and number: _____

Other Service Providers: _____

Are you in any support groups? _____
