

**Welcome to Lake-Geauga Recovery Centers. Please complete the information below.**

LAST NAME, FIRST NAME, MIDDLE INITIAL: \_\_\_\_\_ SEX: M / F

DATE OF BIRTH: \_\_\_ / \_\_\_ / \_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ADMIT DATE: \_\_\_ / \_\_\_ / \_\_\_

RESIDENCE: (STREET ADDRESS): \_\_\_\_\_

(CITY, STATE, ZIP): \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_ ASSOCIATION: \_\_\_\_\_

ANNUAL INCOME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

DO YOU HAVE MEDICAL INSURANCE: Y / N

INSURER: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

ID #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

DO YOU NEED TO COMPLY WITH REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION: Y / N BUREAU OF MOTOR VEHICLES: Y / N

DO YOU NEED INFORMATION ON ADVANCED DIRECTIVES: Y / N

RACE: White / Asian / Black / Native American / Other / Unknown

ETHNICITY: Puerto Rican / Mexican / Cuban / Not Hispanic or Latino / Other

LANGUAGE: (If other than English): \_\_\_\_\_ MARITAL STATUS: Divorced / Married / Other / Single / Widowed

CURRENT LIVING: Own Home / Friends Home / Relative's Home / Supervised Group Living / Boarding House / Crisis Residential / Hospital / Correctional Facility / Homeless / Other: \_\_\_\_\_

EDUCATION LEVEL (0 thru 19): \_\_ \_\_ VETERAN: Y / N

RELIGION: Catholic / Episcopalian / Hindu / Jewish / Lutheran / Methodist / None / Other / Other Protestant / Christian

EMERGENCY CONTACT (First Name, Middle Initial, Last Name): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Client has been found ineligible for services and has been referred to: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_