

If Client is child, who has legal custody? \_\_\_\_\_

Living situation     A. Home (own)                       B. Home (rent)                       C. Nursing Home  
                                  D. Assisted Living                       E. Continuous care fac.                       D. Group home     E. Other

LEGAL STATUS     A. No Problem                       B. Case Pending                       C. Probation  
                                  D. Parole                                       E. Other

Please complete one per Family/Household

**\*FAMILY MEMBERS & SIGNIFICANT OTHERS**

Name of everyone in household & Children (under 18) living at different place	Relationship to you	DOB/Age	Sex	Address & phone if Different from yours.

Synagogue/Church affiliation \_\_\_\_\_

Please describe why you are here for services \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_