**Peer Bridger** – **Client Information**



# **PERSONAL INFORMATION**

## First name Last Name M.I. Today’s Date

*Form completed by (if someone other than client)*

***Date of Birth***

***Age***

***Social Security Number***

**Gender Sexual Orientation Relationship Status**

|  |  |
| --- | --- |
| ☐ Single  ☐ Separated  ☐ Widowed | ☐ Married  ☐ Divorced  ☐ Civil Union |

|  |  |
| --- | --- |
| ☐ Male  ☐ Trans-Male  ☐ Other | ☐ Female  ☐ Trans-Female  ☐ Gender-Fluid |

☐ Heterosexual ☐ Lesbian

☐ Bisexual ☐ Questioning

☐ Gay ☐ Prefer not to answer

**Ethnicity**

## 

|  |  |
| --- | --- |
| ☐ African American/Black  ☐ Alaska Native/Native American  ☐ Asian  ☐ Caucasian/White | ☐ Hispanic  ☐ Native Hawaiian/Pacific Islander  ☐ Multiracial  ☐ Other |

|  |  |
| --- | --- |
|  | **CONTACT INFORMATION** |

## Current Home Address Apartment City State Zip

Shape

Description automatically generated with medium confidence



## Work Phone Home Phone Cell Phone

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  |  |  | |  |  |

|  |
| --- |
| *Is it safe to reach you here?* ☐ YES ☐ NO  *May we leave a message?* ☐ YES ☐ NO |

|  |
| --- |
| *Is it safe to reach you here?* ☐ YES ☐ NO  *May we leave a message?* ☐ YES ☐ NO |

*Is it safe to reach you here?* ☐ YES ☐ NO

*May we leave a message?* ☐ YES ☐ NO

## Email Address

|  |
| --- |
|  |

# **EMERGENCY CONTACT**

## Name Relation to the client Phone Number

***Address***

***Apartment***

***City***

***State***

***Zip***

*We may need your* ***written******permission*** *to verbally discuss your protected health information with family members, legal guardians, or friends.*



**Sociodemographic Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **LIVING ARRANGEMENT:** |  |  |  |

☐ Independent living (w/family) ☐ Inpatient facility ☐ Halfway house ☐ Residential facility

☐ Correctional facility ☐ Supported housing ☐ Residential treatment/group ☐ Homeless

☐ Nursing home ☐ Assisted Living ☐ Sober living ☐ Other residential facility

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CURRENT PRIMARY ROLE:** | |  | | **SPECIAL ACCOMODATIONS:** | | |  | |
| ☐ Employed (Full time)  ☐ Employed (part time)  ☐ Unemployed  ☐ Retired  ☐ Supported Employment | ☐ Student  ☐ Volunteer  ☐ Homemaker  ☐ Disabled  ☐ Other | | ☐ Traumatic Brain Injury  ☐ Speech and language disorders  ☐ Learning Disability  ☐ Hearing impairment  ☐ Visual Impairment | | | ☐ Motor Disability/Epilepsy  ☐ Severe emotional impairment  ☐ Autism Spectrum Disorder  ☐ Other  ☐ None | |
| **EDUCATIONAL STATUS:** | |  | |  | | |  | |
| Please, select the highest grade you have completed:  ☐ Grade 1 – 7 ☐ Grade 9 – 11 | | | | | ☐ Some College | | ☐ College degree | |
| ☐ Grade 7 – 9 ☐ Grade 12 or GED | | | | | ☐ Technical/Career Certification | | ☐ Master’s or higher | |
| **FINANCIAL STATUS/SOURCES OF INCOME:** | | | | |  | |  | |

|  |
| --- |
| $ |

Do you receive SSI? ☐ YES ☐ NO

What is your **total** **monthly** **income**

Do you receive SSDI? ☐ YES ☐ NO

Do you receive any **other** **forms** of Government or State **support**? *(These may include food stamps or another form of financial assistance)*

|  |
| --- |
|  |

## CHALLENGES:

|  |
| --- |
|  |