**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

 


##  Work Phone Home Phone Cell Phone

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

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|  |
| --- |
| *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:

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| --- |
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