



Client Intake Form for Coaching & Counseling

Office use only: _____ Pink
 Date: _____ Referral Source: _____
 Connection to HN: _____
 Service Type: _____ In Sys? _____

PERSONAL INFORMATION

HopeNet maintains your Protected Health Information (PHI) privacy rights, see the HopeNet, Inc. Notice of Privacy Practices.

Client Name: _____ **DOB:** _____ **Age:** _____
Address: _____ **City:** _____ **Zip:** _____
Phone: Cell _____ Home _____ Work _____ **SSN#** _____
Email address _____ Please add me to your mailing list
Preferred method of contact: Cell phone Home phone Work phone Email Do **not** leave message

Occupation: _____ **Employed by:** _____

Role/Title: _____ **Nature of business:** _____

Employed: Full-Time Part-Time Retired Student Unemployed Other: _____

How did you first hear of HopeNet? Social Service Agency Friend/Family Healthcare Provider Church
 Board/Staff Previous Client Internet Facebook LinkedIn Court Other: _____

Name of organization and/or person who referred you: _____ **Org:** _____

Religious Affiliation: _____ I attend church Y N If Yes, where? _____

Housing: Own Rent Reside with Family Reside with Friend Homeless/Shelter Other _____

Gender: Female Male **Relationship Status** Married Divorced Separated Single Other

Race: Caucasian Hispanic African American Native American Asian Middle Eastern Other

Level of Education: No High School diploma High School diploma Vocational training

Some college Associates degree Bachelor's degree Master's/Graduate degree

Annual Income Level

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> \$ 0 – 11,999 | <input type="checkbox"/> \$ 25,000 – 29,999 | <input type="checkbox"/> \$ 60,000 - 69,999 | <input type="checkbox"/> \$100,000- 149,999 | <input type="checkbox"/> \$300,000-399,999 |
| <input type="checkbox"/> \$ 12,000 – 14,999 | <input type="checkbox"/> \$ 30,000 – 39,999 | <input type="checkbox"/> \$ 70,000 – 79,999 | <input type="checkbox"/> \$150,000-199,000 | <input type="checkbox"/> \$400,000+ |
| <input type="checkbox"/> \$ 15,000 – 19,999 | <input type="checkbox"/> \$ 40,000 – 49,999 | <input type="checkbox"/> \$ 80,000 – 89,999 | <input type="checkbox"/> \$200,000-249,999 | |
| <input type="checkbox"/> \$ 20,000 – 24,999 | <input type="checkbox"/> \$ 50,000 – 59,999 | <input type="checkbox"/> \$ 90,000 – 99,999 | <input type="checkbox"/> \$250,000-299,999 | |

I would like to apply for sliding scale rates. YES NO (Applicable if less than \$100,000)

EMERGENCY CONTACT

Name: _____ **Relationship:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (H) _____ (C) _____ (W) _____

Welcome to HopeNet! 2501 E. Central, Wichita, KS 67214 * 316-684-4683 * info@hopenetwichita.org