

CLIENT INTAKE



CLIENT INFORMATION

Male ___ Female ___

DoD ID Number & Expiration (dd/mmm/yy): _____

Name (Last, First, MI): _____

Military Grade of Client/Sponsor: _____

Prefers to be Called: _____

Duty Status: Army Active Duty Army Reserve/Guard Dependent Spouse Dependent (Other)

Retired SM Retired FM Civilian Civilian FM Other Status _____

Marital Status: Single Married Divorced Widowed Spouse's Name _____

Special Status: WW WWFM KIA SV

Current Unit/Location: _____ PCS/ETS /Redeploy: ____/____/____

Mailing Address: _____

Work Phone: (____) _____ Home / Cell Phone: (____) _____

DOB: ____/____/____ Age: ____ E-Mail: _____