

Name: _____ ID: _____

Marital status: Never Married Married Divorced Separated Widowed
Military Service? Never in Service Veteran On Active Duty In Guard or Reserve

Do you have ANY of these disabilities? [4] Can't walk, or have trouble walking
 [2] Blindness / severe visual impairment [1] Developmental disability / mental retardation
 [3] Deafness / severe hearing loss Other: _____

How do you identify your race?
 [6] Bi-Racial / Multi-Racial [3] Native American / Tribal / Inuit
 [1] Caucasian / White [4] Asian-American / Pacific Islander
 [2] African-American / Black [6] Other: _____

Your Heritage: Not Hispanic Hispanic / Latino / Spanish-Speaking Heritage

What LANGUAGE will you use here? English ASL Other: _____

(Only write a language if YOU WILL NEED AN INTERPRETER.)

What is your LITERACY LEVEL? 1-3rd grade 4-6th grade 6-9th grade 9-12th grade 12+

Are you EMPLOYED (or SELF-EMPLOYED)? Full time Part Time in Military Unemployed
What is (or was) your Occupation? _____

If not employed now, what year did you last work for pay? _____

ALSO Check ALL that apply: Homemaker Retired On Disability Volunteer

Who SUGGESTED PCA, or SENT you to PCA for services? Please check ALL that apply.

- | | | |
|--|---|--|
| 01 <input type="checkbox"/> Arkansas State Hospital | 22 <input type="checkbox"/> Client's Attorney | 41 <input type="checkbox"/> Mental Health Center |
| 03 <input type="checkbox"/> Psychiatric Inpatient | 23 <input type="checkbox"/> Circuit Court (commitments) | 42 <input type="checkbox"/> Private Medical Doctor |
| 05 <input type="checkbox"/> Emergency Room | 24 <input type="checkbox"/> Chancery / Probate Court | 43 <input type="checkbox"/> Private Mental Health Professional |
| 07 <input type="checkbox"/> Medical Hospital Unit | 25 <input type="checkbox"/> Municipal Court | 44 <input type="checkbox"/> Other Psychiatric Facility |
| 08 <input type="checkbox"/> Nursing Home or RCF | 26 <input type="checkbox"/> Other Juvenile Court | 47 <input type="checkbox"/> Church / Minister / Clergy |
| 10 <input type="checkbox"/> DCFS | 27 <input type="checkbox"/> Police / Sheriff / | 49 <input type="checkbox"/> Other Community Agency |
| 11 <input type="checkbox"/> United Family Services | Other Law Enforcement | 56 <input type="checkbox"/> Family |
| 12 <input type="checkbox"/> PROMOTE | 30 <input type="checkbox"/> Head Start | 57 <input type="checkbox"/> Friend |
| 20 <input type="checkbox"/> in / at a Local Jail | 31 <input type="checkbox"/> Other School | 58 <input type="checkbox"/> Other |
| 21 <input type="checkbox"/> Probation or Parole Off. | 40 <input type="checkbox"/> Alcohol/ Drug Abuse Agency | 59 <input type="checkbox"/> Self |

Have you EVER received Mental Health Services OUTSIDE of PCA? No Yes (include MD's services)

Are you or your family now involved with any Court or legal proceeding? **NO involvement with ANY court at this time**
 Commitment or 911 / Forensic Order
 7 **FINS Order**
 8 **Any other FAMILY COURT ORDER** – e.g., DHS, Abuse/Neglect, Order in a custody case
 Any other Court involvement (any lawsuit, criminal charges, sent by lawyer, sent by probation or parole)

Is this Child or Teen in state custody? ADULT
 Child or youth in **DHS Custody?** No Yes
 Child or youth in **Division of Youth Services Custody?** No Yes

Lives in: **MINOR:** A with PARENT(s) B **FOSTER HOME** C Care by RELATIVE E Residential Treatment
 D **ADULT:** Private Residence G **JAIL/** Corrections/ Detention
 F **RCF,** Adult Residential Care H **SHELTERS** or Homeless
 K **Skilled Nursing Home;** Rehabilitation Center J Mental Health CRISIS Center
 L Other: _____

Housing Worries? Homeless or in shelter now May lose my place to live, housing is uncertain, having problems with rent/mortgage payments My housing seems secure

UPDATE DEMOGRAPHICS

ADD ADMISSION RECORD & continue with Intake Result form

Do Not Enter this data until ***AFTER*** Intake.

CLIENT DEMOGRAPHICS (9/2018)