

EastRidge Registration Form

Date: _____

Client ID (office use) 9/29/15

First Name Middle Name Last Name Maiden Name

Mailing/Physical Address City State Zip code

Date of Birth: _____ SSN: _____ Phone #: _____ Cell/Home? _____

Insurance Provider: Check all that apply

- Medicaid Medicaid# _____
- Medicare Medicare# _____
- Commercial (list below)
- Other (list below)
- None – (Ask about Charity Care program requirements)

Insurance Co: _____
Policy Subscriber: _____
Insurance Phone #: _____
ID# _____
Group# _____

Insurance Co: _____
Policy Subscriber: _____
Insurance Phone #: _____
ID# _____
Group# _____

Gender: Male Female

Race: Alaskan Native American Indian Asian Black/African-American
 White/Caucasian Hawaiian Pacific Islander Other

Ethnicity: Not of Hispanic Origin Puerto Rican Mexican Cuban Other Hispanic Unknown

Current Living Arrangements: What best describes your living situation?

- | | | |
|--|--|---|
| <input type="checkbox"/> Own/Rent House/Apartment Non-Su | <input type="checkbox"/> Adult Family Care Home | <input type="checkbox"/> ICF-MR Group Home |
| <input type="checkbox"/> Subsidized Rental House/Apartment | <input type="checkbox"/> Independent Living Group Home | <input type="checkbox"/> Medical Hospital |
| <input type="checkbox"/> Supported Housing - Staff Supported | <input type="checkbox"/> Regular Foster Home | <input type="checkbox"/> Acute Care Psychiatric Facility |
| <input type="checkbox"/> Rooming House - Hotel - YMCA | <input type="checkbox"/> Treatment Foster Home | <input type="checkbox"/> Long-Term Psychiatric Facility |
| <input type="checkbox"/> Private Boarding House | <input type="checkbox"/> Specialized Family Care Home | <input type="checkbox"/> Psych. Residential TX Facility 21 or - |
| <input type="checkbox"/> Home of Biological Parents | <input type="checkbox"/> Personal Care Home | <input type="checkbox"/> Adult Drug/Alcohol Rehab. Center |
| <input type="checkbox"/> Adoptive Home | <input type="checkbox"/> Residential Group Treatment | <input type="checkbox"/> Youth Drug/Alcohol Rehab. Center |
| <input type="checkbox"/> Home of Relative | <input type="checkbox"/> Large Group & Care Home (8 +) | <input type="checkbox"/> Dependent Living (Halfway House)' |
| <input type="checkbox"/> Home of Friend | <input type="checkbox"/> Small Group & Care Home (8 or Less) | <input type="checkbox"/> Individual Support Setting (ISS) |
| <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> Wilderness Camp | <input type="checkbox"/> Youth Correction Facility |
| <input type="checkbox"/> Family Emergency Shelter | <input type="checkbox"/> Rest Home | <input type="checkbox"/> Adult Correction Facility |
| <input type="checkbox"/> Youth Emergency Shelter | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Other |

Marital Status: Married Separated Widowed Divorced Never Married

Smoking Status: Current User (Occasional smoker Light Smoker Moderate Smoker Heavy User)
 Non-Smoker (Occasional smoker Light Smoker Moderate Smoker Heavy User)
 Ex-Smoker
 Declined

Tobacco User: Current User
 Non-User
 Ex-User
 Declined

Type of Tobacco: Snuff User Chews loose leaf/plug Cigar Smoker Pipe Smoker E-cigarette user

Primary Language: English Spanish French German Mandarin Polish Portuguese Tagalog Decline

Military Status: No, never been in Military No, but spouse/child serving Yes

Referral Source: (name of agency/person that referred you to EastRidge) _____

Current Legal Status:

- No Legal Problems
- Adult with One or More Arrests
- MH/Drug Court
- Dependent Youth under DHHR (custody due to abuse, neglect or abandonment)
- Non-Adjudicated Youth (not convicted of crime but involved in juvenile justice system)
- Adjudicated Delinquent (violated criminal law, e.g. drugs, shoplifting, assault)
- Adjudicated Status Offender (non-adult crime e.g. runaway, truancy, underage drinking)
- Involuntary Commitment (civil)
- Involuntary Commitment (criminal)

Employment:

- Employed (Full-Time Part-Time Supported Work Sheltered Work)
- Not Employed (Looking for job Not looking for job at this time)
- Not In Labor Force (Homemaker Student Retired Disabled Physically impaired Inmate Other)
- In Employment Training
- Volunteer

If employed, what is your occupation/job title: _____ **#Days worked in the past 30 days:** _____

Education:

- No School Grade School Some High School High School Grad GED Vocational AA Degree
- BS/BA Degree Masters Doctoral Some College

If in School, what grade: _____

If in School, what type:

- Not in School Preschool Program Headstart Regular Education Special Education Alternative School
- GED Program -Homebound Trade, Vocational/Tech. School College (2/4 Yr Program) Graduate School
- Post Graduate

Annual Household Income: \$ _____

Total # of Individuals in your Household? _____ **# Under 18 years in your household?** _____

Principal Income Sources:

- Wages/Salary Other
- Wages/Salary Income None
- Family/Relative Savings/Investment
- Public Assistance Unknown
- Alimony SSDI
- Disability SSI
- Child Support TANF

Preferred Pharmacy: (name/location) _____

Primary Care Physician: (name/location) _____

Guardian/Guarantor Information:

If the Client has a Legal Guardian, indicate: Both Parents Mother Only Father Only
 Relative Court Appointed Guardian Temp. State Custody (Youth Only) State Ward Other

Guardian Information:

First Name _____ Last Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____