Client Demographic Information

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17.0e 13.1.RNC 13.2.ANG 13.3.ICG 13.4.GDEF 13.1.PH 13.1.UT 13.1.UT 13.1.UNUU 13.1.UT 14.1.UHC																		
Funding Source 16. UCI 17. DCI 18. DCS 18. DCS 19. YCC 20. HM 21. DCLC 21. MTC 21. DCLC 22. MTC 23. OSD 24. AB 25. GEHA 26. WCF 27. SLF 28. EMI 29. IVO 30. NFF																		
1. LHM 2. MDR 3. IBF 4. XX 5. WCJ 6. SELF 7. EAP 8. IAT 10. ECR 11. ICV 12. IMG 13. ITC 14. IUB 15. IVR																		
1. LHM 2. MDR 3. IBF 4. XX 5. WCJ 6. SELF 7. EAP New client 8. IAT intake hr. 9. IBX (Orffice Only) 10. ECR 11. ICV 12. IMG 13. ITC 14. IUB 15. IVR																		
Contact Time or Late Cancel (LTCXL) or Cancel (CXL) or No Show (NS)																		
County 1. Weber 2. Davis 3. DCLC 4. Morgan 5. Box Elder 6. Other																		
Income 1. \$ 0-9,999 2. \$ 10,000-14,999 3. \$ 15,000-24,000 4. \$ 25,000-34,999 5. \$ 35,000 +																		
Ethnicity 1. African American 2. Native/Alaskan 3. Pacific Islander 4. Asian 5. Caucasian 6. Hispanic 7. Other																		
Gender of client M/F																		
Age 1. 0-5 2. 6-11 3. 12-17 4. 18-23 5. 24-44 6. 45-54 7. 55-69 8. 70 +																		
# of individuals in the household																		
Head of the household M/F																		
Individual Family Group																		
New or Ongoing																		
Name of Client																		
Date																		

Staff Name:

2. Bereavement/Loss	
3. Communication 4. Domestic Violence 5. Hopelessness 6. Work Problems 7. Parent Problems 8. Substance Abuse 9. Problems w/ School 10. Marriage/Relationship/Family 11. Thoughts of Hurting Yourself 12. Angry Feelings 13. Sexual Abuse 14. Emotional Abuse 15. Physical abuse 16. Problems with the Law 17. Unhappy with your Life 18. Anxiety 19. Other	This space is for you to document other time spent on behalf of the client/s such as MMP! Psych Testing, Organization (partner) meetings, additional trainings (like Jall orlentation), etc.