



Name _____

Date _____

Date of Birth _____

Completing this form is optional, however, this information is helpful in allowing the iGrad staff to better meet your needs. This information will be confidential and your name will never be shared with anyone outside of iGrad counseling and administrative staff.

Extra support and opportunities may be available to you if any of the following are true:

Are you currently homeless or have an unstable living arrangement? YES NO

Have you ever been in Foster Care? YES NO

Are you pregnant or parenting? YES NO

Age(s) of children _____

Due Date: _____

Have you been involved with the court system? YES NO

Would you like an iGrad counselor or social worker to contact you? YES NO

Best phone number or email to reach you: _____

How did you hear about iGrad?
