

CLIENT INFORMATION FORM (for non-clinical services)

Name: _____ Date: _____

Address: _____

City: _____ State: ____ Zip: _____ County: _____

Phone(H): _____ Phone(W): _____ Phone(C): _____

Email Address: _____

Please circle your preferred method of contact: email, phone (H), phone (W), phone (C). May we leave a message? Y/N

Sex: _____ Race: _____ Birthdate: _____ Marital Status: _____

Religion: _____ Do you belong to a faith-based organization? If so, please specify _____

Have you been to Jewish Family Services before? Yes No If yes, for what services? _____

Was Jewish Family Services chosen because it was a Jewish agency? Yes No

Reason for contacting JFS: _____

Referred by: _____

If you are Jewish: would you benefit from (mark all that apply):

a) Rosh Hashanah items b) Chanukah items c) Passover items d) None of these

Employment Information:

Please circle one: Employed Unemployed Retired Other: _____

Occupation/School: _____

Name of Employer: _____

Emergency Contact Information

In case of emergency, who should be notified? Name: _____

Address: _____

Phone(H): _____ Phone(W): _____

Relationship: _____

Please list **other** household members:

Name	Relationship	Date of Birth	Religion	Sex	Race

