

Life Long Mentoring Services
310 East 38th Street Suite #227
Minneapolis, MN 55409
Phone 612-821-2394 Fax 612-821-2386

Client Intake

Type of Service Needed:

Cultural Mentoring CADI Wavier ILS Family Counseling and Training
 In-Home Parenting Intensive Gang Prevention and Intervention
 Supervised Visitation

Today's Date: _____ Name of Person Completing Intake: _____

Client Information

Name of Parent/Guardian: _____ Service is Being Requested for: Self Family Other?

Client's Name: _____ Client's date of Birth: _____

Client's Social Security Number: _____ Client's Race: _____

Primary Language: _____ Interpreter Needed: Yes No

Client Home Address: _____

City: _____ State: _____ Zip: _____

Home Number: () _____ Cell Phone: () _____

Name of Client School: _____ School Phone: () _____

Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Is Client on any Medication: No Yes, What type: _____

Family Members (Spouse, Children)

Names	Age	Grade/Occupation	Relationship	Living at Home
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Referred By Whom? _____ Phone: _____ Fax: _____

Presenting Issue(s): _____

Appointment Preference: 1. Day(s) of the week: _____ 2. Time(s): _____

Other Service Providers

Agency Name	Address	Worker Name	Service Provided	Phone Number
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Parent Signature

Date