HANOVER COUNTY COMMUNITY SERVICES BOARD
INFORMATION FORM

What Brings You Here Today?

First Name:	**Middle Name:**	**Last Name:**
Name You Prefer to be Called:	**Gender:** ☐ **Male** ☐ **Female**	**Email Address:**
Address:	**City and State:**	**Zip Code:**
In what County do you live? ☐ **Hanover** ☐ **Other:** _____	**DOB:**	**SSN:**
Home Phone:	**Work Phone:**	**Cell Phone:**

Marital Status (or that of parent/guardian, if minor):
- ☐Single
- ☐Married
- ☐Living with Significant Other
- ☐Divorced, Separated, or Widowed

Family Size (including self, spouse/significant other, and children under age 18 living in the household)**:** _____

Responsible Party (for billing purposes**):**
_____

Employment Status:
Current Employer, if any: _____

- ☐Full Time
- ☐Part Time
- ☐Student
- ☐Homemaker
- ☐Retired
- ☐Not in Labor Force – In Institution
- ☐Employment Program/Supported Employment
- ☐Not in Labor Force – Sheltered Employment Setting
- ☐Unemployment Not Seeking Job
- ☐Not In Labor Force – Disabled
- ☐Unemployed Seeking Job

Educational Level:

- ☐None
- ☐Special Education (self-contained only)
- ☐Pre-School, Head-Start
- ☐Kindergarten
- ☐Grade 1
- ☐Grade 2
- ☐Grade 3
- ☐Grade 4
- ☐Grade 5
- ☐Grade 6
- ☐Grade 7
- ☐Grade 8
- ☐Grade 9
- ☐Grade 10
- ☐Grade 11
- ☐Grade 12/GED
- ☐Vocational Education
- ☐College: Freshman
- ☐College: Sophomore
- ☐College: Junior
- ☐College: Senior
- ☐Graduate/Professional Prog.

HANOVER COUNTY COMMUNITY SERVICES BOARD
INFORMATION FORM

School Attendance Status:
Current School, if any: _____

If person seeking services meets either criteria below, please check category and answer the attendance question; skip if criteria not met
☐3-17 years of age **OR** ☐18-21 in Special Education
Have you attended school at least one day during the past 3 months (if on summer break, respond YES)? ☐Yes ☐No

Military Status:

☐Armed Forces on Active Duty
☐Armed Forces Reserve
☐National Guard
☐Armed Forces or National Guard Retired
☐Armed Forces or National Guard Discharged
☐Armed Forces or National Guard Dependent Family Member
☐Not Applicable/None

Military Start Year: _____ **End Year:** _____

Referral Source:

☐Self	☐Family or Friend	☐Private Physician
☐Private Mental Health Provider	☐Police or Sheriff	☐Court Referral
☐Local Correctional Facility	☐State Correctional Facility	☐Private ID/DD Provider
☐Other VA Community Services Board	☐Probation Office	☐Private Hospital
☐School System	☐Parole Office	☐State Hospital
☐ASAP or DUI Program	☐Community Diversion	☐State Training Center
☐Employer of EAP	☐Incentive Program	☐State MH Provider
☐Health Department	☐Dept. of Juvenile Justice	☐Dept. of Rehabilitative Services
☐ Non-Hospital Substance Use Provider	☐Social Services – Non TANF Worker	☐Social Services – TANF Worker

Phone Number of Referral Source: _____ **Date Referral Made:**_____

Demographic Information

What is your race?

☐Black/African American
☐White/Caucasian
☐Asian
☐Asian & White
☐Native Hawaiian/Pacific Islander
☐American Indian/Alaska Native & White
☐Alaskan Native
☐Multi-Racial
☐African-American & White
☐American Indian
☐American Indian/Alaska Native & African American
☐Other

Are you of Hispanic Origin?

☐Not of Hispanic Origin
☐Cuban
☐Mexican
☐Puerto Rican
☐Hispanic, Origin Not Known
☐Other Hispanic Origin

If female, are you currently pregnant?

☐Yes
☐No

If female, living with dependent children ages 0-17?

☐Yes
☐No
☐Unknown

HANOVER COUNTY COMMUNITY SERVICES BOARD
INFORMATION FORM

Current Legal Status:

☐Voluntary
☐Involuntary - Civil
☐Treatment Ordered – Parole
☐Treatment Ordered – Conditional Release
☐Treatment Ordered – Probation
☐Treatment Ordered – Diversion
☐Involuntary – Juvenile Court
☐Involuntary – Criminal
☐Involuntary – Criminal NGRI
☐Involuntary – Criminal Sex Offender
☐Treatment Ordered – Parole

Have you been arrested within the last 30 days? ☐Yes ☐No If "Yes", how many times? _____

In what type of residence do you live?

☐Private Residence/School Dorm	☐Foster Home/Family Sponsor
☐Community Residential (Group Home)	☐Boarding Home
☐Homeless/Homeless Shelter	☐Hospital
☐Nursing Home/Physical Rehab	☐Licensed Adult Care Residence (ACR)
☐Local Jail or Detention	☐Residential Treatment/Alcohol & Drug Rehab
☐State Correctional Facility	☐Shelter
☐Juvenile Detention Center	☐Other: _____
☐Other Institutional Setting	

What is your preferred language? ☐English ☐Spanish ☐ASL ☐Other: _____

Behavioral Health Inpatient Treatment History

Have you ever been admitted to a State Treatment Facility? ☐Yes ☐No
Have you had multiple inpatient hospitalizations for MH or SA treatment? ☐Yes ☐No
What is the name of the last facility in which you received treatment? _____
Date discharged: _____

Contacts	Phone
Emergency Contact (specify relationship) ☐None	
Legal Guardian (if Guardian, please submit a copy of the Court Order) ☐None	
Former Mental Health/Substance Use Provider (LCSW, LPC, Psychologist, Psychiatrist) ☐None	
Authorized Representative ☐None	
Parole/Probation Officer ☐None	
Primary Care Doctor ☐None	
Interpreter ☐None	
Other ☐None	

HANOVER COUNTY COMMUNITY SERVICES BOARD
INFORMATION FORM

Medical Information

Date of last physical: _____

Do you have medical insurance? ☐Yes ☐No ☐Medicare ☐Medicaid ☐Other carrier _____

Subscriber Name: _____ **Subscriber Date of Birth:** _____

Subscriber SSN: _____

Allergies:	**Medication?**	**Reaction & Severity**
	☐Yes ☐No	
	☐Yes ☐No	
	☐Yes ☐No	

Problems With:	**Describe**
Vision: ☐No problems	☐Okay because of glasses, contacts, or surgery ☐Blind ☐Other: _____
Walking: ☐No problems	☐I prefer to walk with someone helping me ☐I use a wheelchair by myself ☐I walk with a cane, walker, or other device ☐I use a wheelchair that someone else pushes ☐Other: _____
Hearing: ☐No problems	☐I wear a hearing aid and can hear normally ☐I have some trouble hearing ☐I am deaf ☐Other: _____
Do you need someone to help you communicate? ☐Yes ☐No	**Do you need an interpreter?** ☐Yes ☐No If yes, describe: _____
Do you have an Advanced Directive? ☐Yes ☐No	**Do you need any other accommodations?** ☐Yes ☐No If yes, describe: _____

Medical Conditions:	**When?**	**Please describe**
☐Recent physical or medical complaints		
☐Communicable diseases like Hepatitis, TB, HIV, STD, or MRSA		
☐Nutritional Issues		
☐Serious/Chronic Conditions of Self or Family Member		
☐Restrictions on Physical Activities		
☐Past Serious Illnesses, Injuries, or Hospitalizations		
☐Doctor Diagnosed Brain Injury		
☐Use of Alternative Health Treatments (Acupuncture, etc)		
Height: _____ **Weight:** _____	**Sexually Active?** ☐Yes ☐No	**Uses Birth Control?** ☐Yes ☐No