

Today's Date: \_\_\_\_\_

## SUPPLEMENTAL CLIENT REGISTRATION FORM

CLIENT INFORMATION	
<b>Client Full Legal Name:</b> (First Name) (Middle Initial) (Last Name)	
<b>Date of Birth:</b>	
<b>Client's Self-Identified Race:</b> <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Unspecified Races <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown	<b>Client's Self-Identified Ethnicity:</b> <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican <input type="checkbox"/> Other unspecified Hispanic <input type="checkbox"/> Not of Hispanic Origin
Client Employment & Household Info (this information pertains to the person receiving services)	
<b>Client's Employment Status:</b> <input type="checkbox"/> Full Time (Over 35 hrs/wk) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Disabled Part Time (Under 35 hrs/wk) <input type="checkbox"/> Volunteer <input type="checkbox"/> Work Study/Jobs Program/Voc Rehab <input type="checkbox"/> Other <input type="checkbox"/> Not Employed & Not Looking <input type="checkbox"/> Unemployed & Looking	
<b>Client's Current Living Arrangement:</b> <input type="checkbox"/> Transient/Homeless <input type="checkbox"/> Foster Home <input type="checkbox"/> Residential Facility <input type="checkbox"/> Jail <input type="checkbox"/> Supported Housing (HUD) <input type="checkbox"/> Supportive Housing <input type="checkbox"/> Oxford Home <input type="checkbox"/> Prison <input type="checkbox"/> Alcohol & Drug Free Housing <input type="checkbox"/> Other Private Residence	
<b>Total Number of Dependents, including self:</b>	<b>Currently Pregnant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Number of child dependents under 18 in household:</b>	
<b>Monthly Household Income</b> (total Gross Income for those sharing cost of living with client):	
<b>Do you receive TANF Cash Benefits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Highest School Grade Client Completed:</b>	
CLIENT LEGAL INFORMATION	
<b>Client's Legal Information:</b> <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> Incarcerated <input type="checkbox"/> Mental Health Court <input type="checkbox"/> PSRB <input type="checkbox"/> JPSRB <input type="checkbox"/> Civil Commitment <input type="checkbox"/> Other (please specify):	
<b>Client's Number of Arrests in Past Month:</b>	<b>Total Arrests:</b> <b>Total DUII Arrests:</b>
<b>Tobacco Use:</b> <input type="checkbox"/> Never Use <input type="checkbox"/> Previous use <input type="checkbox"/> Current Use <b>If Used:</b> <input type="checkbox"/> Smoke <input type="checkbox"/> Smokeless tobacco How Much & How Often?	
<b>Client's Current Tribal Affiliation:</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Burns Paiute Tribe <input type="checkbox"/> Cow Creek Band of Umpqua Tribe <input type="checkbox"/> Confederated Tribes of Grant Ronde <input type="checkbox"/> Confederated Tribes of Coos/Lower Umpqua/Siuslaw <input type="checkbox"/> Confederated Tribes of Umatilla <input type="checkbox"/> Coquille Indian Tribes <input type="checkbox"/> Confederated Tribes of Warm Springs <input type="checkbox"/> Other (please specify):	

\_\_\_\_\_  
Client or Guardian / Personal Representative signature (circle one)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Client

\_\_\_\_\_  
Relationship, if not Client