

# TALK, INC APPLICATION FOR SERVICES

**PLEASE PRINT** (Information about the individual seeking services)

Date: \_\_\_\_\_

**Legal Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_  
Last First MI

**Preferred Name:** \_\_\_\_\_ **Name at Birth:** \_\_\_\_\_

**Gender:**  M  F  Transgender  Gender Queer  Gender Questioning  Other \_\_\_\_\_

**Preferred Pronouns:**  M  F  Gender Neutral  None  Other \_\_\_\_\_

**Reason for Seeking Services:** \_\_\_\_\_

**Legal Status:**  Seeking services on my own  Court Ordered (DHS Child Welfare, Anger Management)

**Living Situation:**  Private Residence - alone  Private Residence – with significant other  
 Private Residence - with parent/relatives/children  Private Residence - with friends/unrelated persons  
 Foster home  Transient/ Homeless  Other \_\_\_\_\_

**Contact information:**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Individual Resides With: \_\_\_\_\_  
Last First Relationship

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work/Message #: \_\_\_\_\_  
Message Name and Phone #

Where may we leave a message?  Home  Cell  Work  Message number  Other \_\_\_\_\_

**Marital/Partnership Status:** (mark one below) Spouse/Partner Name (if applicable): \_\_\_\_\_  
 Married  Never married  Divorced  Widowed  Separated  Living as Married  
 Domestic Partnership

Do you feel safe in your current relationship? Yes  No

**Military Status:** Have you ever served?  Yes  No Are you currently serving? (Active or Reserve)  Yes  No

**\*Emergency Information:** (information required)

**\*Emergency Contact Person:** \_\_\_\_\_  
Name Address City Phone #

**\*Primary Care Physician:** \_\_\_\_\_  
(Emergency Medical Resource) Name Clinic City Phone

**Employed:**  Yes  No **Current Employer/Position:** \_\_\_\_\_

**Education:** (circle highest grade individual completed) K 1 2 3 4 5 6 7 8 9 10 11 12/GED AA/AS BA/BS MA/MS 18+

Enrolled in school or training program?  Yes  No Current School (if applicable) \_\_\_\_\_

**Other:** Names and ages of children living in the home (if applicable): \_\_\_\_\_

Other adults living in the home/relationship to individual (if applicable): \_\_\_\_\_

Previous Counseling:  Yes  No Where? \_\_\_\_\_

Referred By: \_\_\_\_\_

DHS Child Welfare Involvement:  Yes  No Parole/Probation:  Yes  No

Caseworker: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parole/Probation Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Recent thoughts about hurting myself:**  Yes  No **Recent thoughts about hurting others:**  Yes  No