

14000 Crown Court, Ste. 101 Woodbridge, VA 22193 Phone # 703-396-7215 Fax # 571-285-5686	9720 Capital Court, Ste. 302 Manassas, VA 20110 Phone # 703-396-8618 Fax # 571-364-8913	7130 Heritage Village Plz, Ste. 102 Gainesville, VA 20155 Phone # 571-921-4812 Fax # 703-743-1688	6800 Backlick Road, Ste. 300 Springfield, VA 22150 Phone # 703-310-7449 Fax # 866-295-9344.	19415 Deerfield Ave, Ste. 101 Leesburg, Virginia 20176 Phone # 571-921-4812 Fax # 703-743-1688
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CLIENT CONTACT INFORMATION SHEET

1. **Name:** _____ / _____ / _____ / _____
LAST FIRST MIDDLE INITIAL SUFFIX

2. **Social Security #:** _____

3. **Gender:** _____

4. **Address:** _____
STREET
 _____ / _____ / _____
CITY STATE ZIP

5. **Date of Birth:** _____ / _____ / _____ **Age:** _____
MONTH DAY YEAR

6. **Telephone Numbers:** _____ / _____ / _____
INCLUDE AREA CODE HOME WORK CELL / OTHER

7. **May Youth For Tomorrow leave a message on the phone number(s) provided** Yes No

- If Yes, check all that apply. Home Cell Phone Voice Only Text Only Voice and Text
- If No, please provide an alternate phone on which we may leave a message: _____

8. **Race** (please identify): _____ **Ethnicity:** _____

9. **Marital Status:** Never Married Married Separated Divorced Widowed

10. **Are you Pregnant?** Yes No

11. **Emergency Contact:** _____ / _____ / _____
Name Relationship Home Phone# (include area code)
 _____ / _____
Address (if different) (Street) (City) (State/Zip) Work Phone # (include area code)

12. **Primary Caregiver:** _____ / _____ / _____
(if under age 18) Name Relationship Home Phone# (include area code)
 _____ / _____
Address (if different) (Street) (City) (State/Zip) Work Phone # (include area code)

13. **If the Client is a Minor**, is there any other individuals(s) that has legal custody (rights) of said client of any kind? Yes No

- If "Yes": Is the additional individual(s) who has legal rights in regards to this minor, fully in support of the aforementioned minor receiving mental health treatment services with Youth For Tomorrow? Yes No

- If "Yes": Please provide the following information regarding said individual:
 - a. (print): _____ / _____ / _____
Name Relationship Contact Phone# Fax # (include area code)

b. Explanation of the legal custodial arrangement for the minor:

14. **If the Client is a Minor**, please list: a. School attended: _____ b. Grade _____

15. **If the Client is an Adult**, is there a Legally Authorized Representative or Court Appointed legal guardian? Yes No

If yes, please complete (print): _____ / _____ / _____ / _____
Name Relationship Contact Phone# Fax # (include area code)

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ACKNOWLEDGMENT OF RIGHT FOR PARENTS OF MINOR CHILDREN

I understand that pursuant to Virginia Code 54.1-2969(E), my minor child shall be deemed an adult for the purpose of consenting to medical or health services needed in the case of outpatient care, treatment, or rehabilitation for mental illness or emotional disturbance.

16. Military

- No Military Status Active Duty Armed Forces Reserve
 National Guard Armed Forces or National Guard Retired Armed Forces or National Guard
 Discharged (any type) Dependent Family Member of Armed Forces or National Guard

17. Primary Insurance _____ / _____ / _____
Primary Insurance Provider Medical ID # Group #

18. Secondary Insurance _____ / _____ / _____
Secondary Insurance Provider Medical ID # Group #

19. I have been given a copy of the YFT Orientation Packet, including Notification of my Rights and Privacy Notice.
(Sign and date below.)

 Signature of Responsible Party Date