



## Client Intake Form

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone number:** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**DL#:** \_\_\_\_\_ **State issued?** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name & age of the child you need assistance with today?** \_\_\_\_\_

**#of other children & ages:** \_\_\_\_\_

\_\_\_\_\_

Have you been assisted by us before? If so when? \_\_\_\_\_

Would you like to be added to our mailing list? \_\_\_\_\_ yes \_\_\_\_\_ no

How did you hear about us? \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_