



Orange County Department of Mental Health

Application for Clinic Services



Name	Last	First	Middle
Date of Birth		Social Security #	
Sex listed on your Insurance Card?	<input type="checkbox"/> Male	What is your current gender identity?	<input type="checkbox"/> Prefer not to answer
	<input type="checkbox"/> Female		<input type="checkbox"/> Male
		<input type="checkbox"/> Transgender Female to Male	<input type="checkbox"/> Female
		<input type="checkbox"/> Transgender Male to Female	<input type="checkbox"/> Additional Category
		<input type="checkbox"/> Transgender, non-conforming	(please specify):
Who referred you to us?		Case Manager Name, Agency, and Phone #:	
Address		City	State Zip
County		Home Phone	
Work Phone		Cell Phone	
Place of Birth		Previous Legal Name, if any	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Language <input type="checkbox"/> Other:		
Highest Level of Education Completed	<input type="checkbox"/> 1 st Grade <input type="checkbox"/> 2 nd Grade <input type="checkbox"/> 3 rd Grade <input type="checkbox"/> 4 th Grade <input type="checkbox"/> 5 th Grade <input type="checkbox"/> 6 th Grade		
	<input type="checkbox"/> 7 th Grade <input type="checkbox"/> 8 th Grade <input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th grade		
	<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Business/Technical Training		
	<input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree		
	<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree		
	<input type="checkbox"/> Other <input type="checkbox"/> No Formal Education		
Special Education Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Current Employment Status	<input type="checkbox"/> Competitive Employment <input type="checkbox"/> Other Employment <input type="checkbox"/> Non-Paid Work (Volunteer) <input type="checkbox"/> Unemployed: looking for work <input type="checkbox"/> Unemployed: not looking for work		
Hours Worked Per Week	<input type="checkbox"/> Not Applicable <input type="checkbox"/> 1-14 hours <input type="checkbox"/> 15-34 hours <input type="checkbox"/> 35+ hours		
Current Residence Type	<input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Community Residence <input type="checkbox"/> DOH Adult Home <input type="checkbox"/> DSS/OCFS Youth Community Residence <input type="checkbox"/> Foster Care <input type="checkbox"/> Homeless Lacking Permanent Residence <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Nursing Home <input type="checkbox"/> OMH Licensed Program <input type="checkbox"/> Private Residence <input type="checkbox"/> Other:		
Prior/Current Military Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	Military Related Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you live in a shelter or on the streets in the last 6 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Orientation	<input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Other <input type="checkbox"/> Lesbian or Gay <input type="checkbox"/> Bisexual		
Race	<input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African America <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Other: <input type="checkbox"/> Unknown		

If Black/African America	<input type="checkbox"/> African American <input type="checkbox"/> Afro-Caribbean <input type="checkbox"/> African Continent <input type="checkbox"/> Other Black <input type="checkbox"/> Unknown		
Hispanic Ethnicity	<input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino <input type="checkbox"/> Unknown		
If Yes, Hispanic/Latino	<input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Mexican <input type="checkbox"/> Ecuadorian <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
What best describes your religious preference?	<input type="checkbox"/> Prefer not to answer <input type="checkbox"/> I belong to a formal religious group		<input type="checkbox"/> No formal religion, nor am I spiritual <input type="checkbox"/> I am spiritual, but not religious
If you identify as being religious, what is your religious affiliation?	<input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Agnostic <input type="checkbox"/> Judaism <input type="checkbox"/> Buddhism <input type="checkbox"/> Protestant <input type="checkbox"/> Orthodox <input type="checkbox"/> Other Christian <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Islam <input type="checkbox"/> Hinduism <input type="checkbox"/> Mormon <input type="checkbox"/> Atheism <input type="checkbox"/> Other:		
Who do you live with?	<input type="checkbox"/> N/A <input type="checkbox"/> Alone <input type="checkbox"/> Child/step/foster/grand <input type="checkbox"/> Parents (bio/adopt/step) <input type="checkbox"/> Siblings <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Other Relatives <input type="checkbox"/> Foster Parent <input type="checkbox"/> Others Who are Unrelated to Me		
Do you have children?	<input type="checkbox"/> No Children <input type="checkbox"/> Minor Children (with custody) <input type="checkbox"/> Expectant Parent <input type="checkbox"/> Children over 18 <input type="checkbox"/> Minor Children (without custody)		
Do you have any of the following?	<input type="checkbox"/> Mental Illness <input type="checkbox"/> Intellectual Disability/Mental Retardation <input type="checkbox"/> Autism Spectrum <input type="checkbox"/> Alcohol Related <input type="checkbox"/> Substance use <input type="checkbox"/> Opioid use <input type="checkbox"/> Mobility impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Speech impairment <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental Disability		
Do you currently receive any of the following?	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> VA Disability benefits <input type="checkbox"/> VA Cash Assistance <input type="checkbox"/> Public Assistance Cash Program (TANF, Safety Net, Etc.) <input type="checkbox"/> Other		
Do you have Criminal Justice or Juvenile Justice involvement?	<input type="checkbox"/> None <input type="checkbox"/> Criminal Procedure Law 330.20 <input type="checkbox"/> Parolee (adults) <input type="checkbox"/> Article 10-Sex Offender Management/Treatment <input type="checkbox"/> Probationer (adults) <input type="checkbox"/> Adjudicated Juvenile Delinquent/Offender <input type="checkbox"/> PINS <input type="checkbox"/> Alternative to Incarceration (STI, Diversion) <input type="checkbox"/> Other Criminal Justice Status		
If under 18 Parent/Guardian Contact Information	Name		Relationship to Client
	Address		
	Home Phone		Cell Phone
Consent to Treatment: I have chosen to consent to treatment services for myself and/or my child from the Orange County Department of Mental Health. My decision is voluntary, and I understand that I may terminate these services at any time. I further consent to phone, email, and text message communication at the phone number/email I provide regarding my appointments.			
Signature		Print Name	
Date		Witness	