

# CLIENT REGISTRATION FORM

**LEGAL NAME** (First): \_\_\_\_\_ (Last): \_\_\_\_\_

**NICKNAME:** \_\_\_\_\_ **DATE OF BIRTH** (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**GENDER:** ☐ Male ☐ Female ☐ Other: \_\_\_\_\_

**PHONE #:** (\_\_\_\_\_) \_\_\_\_\_

**PHYSICAL ADDRESS** (City, State, Zip Code):

**MAILING ADDRESS** (City, State, Zip Code):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

**NAME** (First): \_\_\_\_\_ (Last): \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**HOME PHONE:** (\_\_\_\_\_) \_\_\_\_\_

**WORK OR CELL PHONE:** (\_\_\_\_\_) \_\_\_\_\_

**ETHNICITY:** ☐ Hispanic or Latino  
☐ Non-Hispanic or Latino

**RACE:** ☐ American Indian / Alaskan Native  
☐ Asian  
☐ Black / African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White  
☐ Other: \_\_\_\_\_

## FEDERAL POVERTY GUIDELINES:

Is your income:

- ☐ At or below poverty  
☐ Above poverty

## HOUSEHOLD:

Do you:

- ☐ Live alone  
☐ Live with others

**Are you a veteran or have you served in the Armed Forces:**

- ☐ Yes ☐ No

**Have you received the Aging and Disability Services Division (ADSD) Notice of Privacy Practices?**

- ☐ Yes ☐ No