



SUPPORT GROUP INTAKE FORM

TODAY'S DATE: _____

FIRST NAME

LAST NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

GOOD PHONE NUMBER TO REACH YOU AT: _____

DOES THIS NUMBER BELONG TO YOU? Y / N

IS IT SAFE TO LEAVE A MESSAGE? Y / N

You can drop this form off at the main office or bring it with you to your first group meeting. If you are bringing it to your first group meeting, please leave a message: 509-447-5607 so I have an idea of numbers 😊

Thank you!

Tina van Zandt, Family Crisis Network Trauma Therapist

DEMOGRAPHIC INFORMATION – **THE FOLLOWING INFORMATION IS OPTIONAL**. THIS INFORMATION IS GATHERED AND UTILIZED BY THIS AGENCY, AND POSSIBLY FUNDERS, TO PROVIDE BETTER SERVICES AND RESOURCES TO INDIVIDUALS AND FAMILIES IN OUR AREA.

DATE OF BIRTH: _____ GENDER: _____ HIGHEST GRADE LEVEL COMPLETED: _____

INCOME: _____ MONTH / YEAR NUMBER OF PEOPLE IN YOUR HOME: _____

NUMBER OF ADULTS: _____

NUMBER OF CHILDREN: _____