

POWESHIEK COUNTY MENTAL HEALTH CENTER CONSUMER INFORMATION

Personal Information:

Date _____
 Last Name _____ First Name _____ MI _____
 Date of Birth _____ Social Security # _____ (Medicaid ID# _____)
 Street Address _____ Apt or Box # _____
 City _____ State _____ Zip _____ County _____
 Home Phone Number () _____ Work Phone Number () _____ Cell# _____
 Employer _____ # Yrs w. Employer _____ Job Title _____
 Highest Grade or Degree Completed _____ Have you ever served in the Armed Services? ____
 Who referred you here? (Include self) _____
 Why? _____
 Legal Status: _____ Voluntary _____ Involuntary Sex _____

Marital Status (Circle Choice)

- 1. Never Married
- 2. Married
- 3. Divorced
- 4. Widowed
- 5. Separated

Are you a U.S.citizen?

Yes No

Ethnicity (Circle Choice)

- White/Caucasian
- African American
- Hispanic
- American Indian
- Asian/Pacific Islander
- Other _____
- Mixed/Unknown

Living Arrangement

- 1. Live Alone
- 2. Live with family
- 3. Live with friend
- 4. Assisted Community Living
- 5. Halfway House
- 6. Residential Care

Employment Status

- 1. Full time
- 2. Part time
- 3. Homemaker
- 4. Retired
- 5. Student
- 6. Unemployed
- 7. Disabled

Annual Household Income

- (for statistics only)
- 1. \$0 - 10,000
 - 2. \$10,000 - 20,000
 - 3. \$20,000 - 30,000
 - 4. \$30,000 - 40,000
 - 5. Over \$40,000

Insurance Information:

Insured's Name _____ Date of Birth _____
 Address _____ City _____ State _____ Phone _____
 Relationship (self/spouse/child/other) _____ Sex _____ Male _____ Female
 Social Security Number _____ Employer _____
 *Primary Insurance _____
 Insurance Number _____ Group # _____
 *Secondary Insurance _____
 Insurance Number _____ Group # _____

Person responsible for the bill

Name _____ Phone _____
 Address _____ City _____ State _____

Family Information:

