

YOU CAN BEGIN AGAIN/YOU CAN BEGIN AGAIN TOO



DATE: _____

P.O. Box 472823 Aurora CO 80040
Tina Carter, Executive Director
720.300.0029

Intake Form:

Name: _____
First Last

Mailing Address: _____

E-Mail Address: _____

Telephone No.: _____
(home) (work) (cell)

Best Time to Reach You: _____ Okay to Leave Message: Yes No

Please describe your current challenge/concerns: _____

What benefits do you desire from our work together: _____

What are your interests and passions: _____

Confidential Intake Form

Social Security Number		Age	Date of Birth
Sex	Race		Marital Status
U.S. Citizen Yes No	If no, what is your status		
Education:	High School Post Graduate	Undergraduate Other:	Vocational/Technical
Literate Yes No	If no, explain		
Secondary Language		Religious Preference	

Other individuals in the home:	
Name	Relationship
Who is the person you are closest to?	
How is your relationship with your family?	

Do you have any children? Yes No

If yes, describe your relationship with them. If a minor child, what relationship do you have with your parents/guardian?

- What is your mode of transportation?
- Own transportation
 - Own transportation but may lose
 - Public transportation
 - Access to private transportation
 - None

Section II. Employment and Disability Benefits

What is your employment status? _____

List your last or current occupation: _____

Does employer have a disability plan?	Yes	No
Have you applied for disability benefits?	Yes	No
If yes, what type? _____		

Date of application _____ Date _____

Financial:

Gross Monthly Income: \$ _____ Source: _____

Monthly expenses: _____

Section III. Medical

Insurance/Health Care Benefits

Name of Insurer			
Street Address	City	State	Zip
Telephone Number	Case or Policy Number	Effective Date	
Name of Insurer			
Street Address	City	State	Zip
Telephone Number	Case or Policy Number	Effective Date	

Are you enrolled in an experimental drug trial? Yes No
 If yes, please provide the name of the drug, the medical provider and telephone number.

Date of first positive HIV Test: _____

Have you been diagnosed with AIDS? Yes No Estimate time of Infection: _____

Latest CD4+Count Date:

Latest Viral Load: Date:

Confidential Intake Form

*****Staff use Only*****

Battery of Tests: _____

Strand Enrollment: _____

Intake Signature: _____ Date: _____

Client Signature: _____ Date: _____

You Can Begin Again's board, staff, volunteers, and programs are open to all racial and ethnic backgrounds. The current board is a reflection of the organization's surrounding community; staff and volunteers will be selected on similar grounds. You Can Begin Again values diversity and understands the role of participation and inclusion in the effectiveness of the organization.