

La Grande SBHC
708 K Avenue
La Grande, OR 97850



Union SBHC
540 Main Street
Union, OR 97883

Client Legal Name: _____ Last Name at Birth: _____

Date of Birth ____/____/____ Marital Status : __Single __Never Married __Divorced __Separated

Are you a Veteran? ____ Are you a Student? __yes __no What grade are you in now? _____

Employment: __none __part time __full time __retired __disabled __unknown __other

Living Arrangement: __Private Residence __Foster Home __Residential Facility __Jail __Prison
__Room & Board __Supported

Tribal Affiliation: _____ Do you need an Interpreter? _____ Language: _____

Ages of Each Person in Household ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____

Source of Income: __Wages/Salary __Public Assistance __Retirement/Pension __Disability/SSDI
__None __Unknown

Estimated Monthly Income (before taxes): _____

Legal Status: __None __Parole __Probation __Guardianship __DUII __Civil Commitment __Unknown

Who referred you here? _____

Do you use tobacco? __no __yes Substance use during last 90 days? __no __yes

Are you pregnant? __no __yes __unknown __does not apply to me

Have you ever been arrested? __no __yes

of arrests in past month: _____ Total Arrests: _____ # of DUII arrests in past month: ____ Total DUII: _____

Signature of Person Completing this form

Today's Date