Adoption & Attachment Treatment Center of Iowa Intake Form

Date______________ Phone H: (_____)_______________ Work_________________ Cell________________________

Client Name:________________________________ Parent(s)____[ ] Foster

Address_______________________________________ City______________________ State_________ Zip__________

D.O.B_____________________________ Gender: M F Ethnicity____________________________________

School____________________________ GR______ Teacher__________________________ PH________________

Mother DOB__________________________ Employer____

Father DOB___________________________ Employer____

[ ] Legal Guardianship w/ Parent(s)_____________________________________ Marital/Legal Status_______________

OR

[ ] State of _______________ County_______________ Worker___________________________ PH________________

Bio-Parent(s) (M)______________________________ (F)_________________________________ PH_______________

[ ] TPR Date_____________ [ ] Filed________________ [ ] Plan for reunification

Address____ City___________________ State__________ Zip______________

OR

[ ]Adoption Agency______________________________ Worker_________________________ PH_________________

Person to contact in case of emergency: Name_____________________________________ PH___________________

Address__________________________________ City________________________ State_________ Zip_______________

Payment Information

Medicaid #____________________________ [ ] Other insurance to be billed first (see below)

Insurance Co.____ PH___________________________

Address____ City____________________ State_________ Zip_____________

Under _____________________________ DOB_______________ Employer______________________________________

SS#__________________________ ID#________________________________ Group#______________________________

I, _____________________________________ agree to assign payment benefits from the above insurance company to Best Growth Options Counseling Service for services provided to me/my child.

Signed____ Date_______________________________________