



Edwin Fair

Mental Health Center

SERVICE APPLICATION

ate (MM/DD/YYYY): _____

_____ Last Name First Name Middle Name Maiden Name

_____ Street Address City State ZIP

_____ Phone Alternate Phone Email Address

_____ Social Security Number Birth Date (MM/DD/YYYY) Age Male Female Gender

Please circle all that apply

Hispanic Yes or No Asian Yes or No America Indian/Alaska Native Yes or No Black Yes or No
Native Hawaiian/Other Pacific Islander Yes or No White Yes or No

_____ Guardian 1 First Name Guardian 1 Last Name Guardian 2 First Name Guardian 2 Last Name

_____ Emergency Contact Full Name Relationship Phone

Language Preference: _____ English Literacy Level? (grade) _____

Special Accommodations? _____

Referred by: _____

Annual Household Income: \$ _____ Number in Household: _____

Source of Income:
 Employment SSI SSDI Other: _____

Insurance:
 Private Pay Medicaid/SoonerCare Medicare Other: _____

Private Insurance ID Number: _____

What would you like help with (reason for seeking services)? _____

What are your immediate/urgent needs (including medical)? _____

Current thoughts of harming yourself and/or others? Yes No If yes, please describe: _____