



*Office Use*

Location: OC FW  
**Prog: FT EC TASP**  
Clinician:  
IP Client Code:

Date: \_\_\_\_\_

**THERAPEUTIC SERVICES APPLICATION**

Welcome to our office! We look forward to working with you.

PLEASE CIRCLE ANY INFORMATION YOU PROVIDE BELOW THAT YOU PREFER WE **NOT** USE TO CONTACT YOU.

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Month Day Year

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Race:  Asian  African American/Black  Caucasian  Hispanic/Latino  Native American  Other \_\_\_\_\_

Spouse/Partner's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Month Day Year

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Race:  Asian  African American/Black  Caucasian  Hispanic/Latino  Native American  Other \_\_\_\_\_

Which language do you prefer? English Spanish

**CHILD FOR WHOM YOU ARE SEEKING SERVICES:**

Name: \_\_\_\_\_ Sex: Female\_\_ Male\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
Month Day Year

Race:  Asian  African American/Black  Caucasian  Hispanic/Latino  Native American  Other \_\_\_\_\_

Who has legal custody of this child? \_\_\_\_\_ How are you related to this child? \_\_\_\_\_

This child's parents are (please circle): Married Separated Divorced Widowed Never Married to One Another

Is there a parent/guardian not living in the home? \_\_\_\_\_

Name and contact information of other parent/guardian: \_\_\_\_\_

**OTHER CHILDREN IN THE HOME:**

**Name:** \_\_\_\_\_ Sex: Female\_\_ Male\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Month Day Year

**Race:** Asian African American/Black Caucasian Hispanic/Latino Native American Other \_\_\_\_\_

Who has legal custody of this child? \_\_\_\_\_ How are you related to this child? \_\_\_\_\_

This child's parents are (please circle): Married Separated Divorced Widowed Never Married to One Another

Is there a parent/guardian not living in the home? \_\_\_\_\_

Name and Contact information of other parent/guardian: \_\_\_\_\_

**Name:** \_\_\_\_\_ Sex: Female\_\_ Male\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Month Day Year

**Race:** Asian African American/Black Caucasian Hispanic/Latino Native American Other \_\_\_\_\_

Who has legal custody of this child? \_\_\_\_\_ How are you related to this child? \_\_\_\_\_

This child's parents are (please circle): Married Separated Divorced Widowed Never Married to One Another

Is there a parent/guardian not living in the home? \_\_\_\_\_

Name and Contact information of other parent/guardian: \_\_\_\_\_

**Name:** \_\_\_\_\_ Sex: Female\_\_ Male\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Month Day Year

**Race:** Asian African American/Black Caucasian Hispanic/Latino Native American Other \_\_\_\_\_

Who has legal custody of this child? \_\_\_\_\_ How are you related to this child? \_\_\_\_\_

This child's parents are (please circle): Married Separated Divorced Widowed Never Married to One Another

Is there a parent/guardian not living in the home? \_\_\_\_\_

Name and Contact information of other parent/guardian: \_\_\_\_\_

**Name:** \_\_\_\_\_ Sex: Female\_\_ Male\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Month Day Year

**Race:** Asian African American/Black Caucasian Hispanic/Latino Native American Other \_\_\_\_\_

Who has legal custody of this child? \_\_\_\_\_ How are you related to this child? \_\_\_\_\_

This child's parents are (please circle): Married Separated Divorced Widowed Never Married to One Another

Is there a parent/guardian not living in the home? \_\_\_\_\_

Name and contact information of other parent/guardian: \_\_\_\_\_

**OTHER ADULTS IN THE HOME**    \_\_\_ **None**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Relation to family: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Relation to family: \_\_\_\_\_

**Do you have children who do not live in your home?**    \_\_\_ If yes, provide the information requested below:

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Lives with: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Lives with: \_\_\_\_\_

**Emergency contact (not living in your home):** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PLEASE LIST THE NAMES OF INDIVIDUALS AND NAMES OF AGENCIES OF OTHER MENTAL HEALTH PROVIDERS FROM WHOM YOU'VE RECEIVED SERVICES:**

**Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

***Thank you for taking the time to share this information with us.***