

**VENTURA COUNTY HEALTH CARE AGENCY
CARING FOR INDIVIDUALS, FAMILIES, AND COMMUNITIES – ESTABLISHED PATIENT**

Client Name: _____ **Client Date of Birth:** _____

Client Address: _____ **Client Phone Number:** (____) _____
Street

City State Zip Code

Please check this box for clients under age 18.

I am completing this form for a minor.

Relationship to Client: _____

Please check the statement which best describes your housing situation.

- I live in my home which I rent, lease or own.
- I am staying with a series of friends and/or extended family members on a temporary basis.
- I am staying in supportive or transitional housing (such as a sober living facility or recovery home).
- I live in a public or private facility that provides temporary shelter (such as a shelter, mission, single room occupancy facility or motel).
- I have been released from an institution (such as jail, or hospital) without stable housing to return to.
- I live on the streets, in a car, park, sidewalk or in an abandoned building, or any unstable or non-permanent situation.
- I live in a foster care environment.

Please fill in the following information.

I make approximately \$ dollars per month:

- \$0-\$1000 \$1001-\$1500 \$1501-\$2000 \$2001-\$2500 \$2501-and up

Family Size: _____

Please check the statement which best describes you.

- I am a farm worker.
- I am not a farm worker.

Mobile Phone: (____) _____ E-mail address: _____

Signature: _____ Date: _____

THIS IS NOT A PERMANENT PART OF THE MEDICAL RECORD