



**CONFIDENTIAL INTAKE FORM**

1. Client Information

- a. Name \_\_\_\_\_
- b. Address \_\_\_\_\_  
\_\_\_\_\_
- c. Cell Phone \_\_\_\_\_
- d. Work Phone \_\_\_\_\_
- e. Email \_\_\_\_\_
- f. Date of Birth \_\_\_\_\_
- g. Driver's License No. \_\_\_\_\_
- h. Vehicle Information year \_\_\_\_\_ make \_\_\_\_\_  
model \_\_\_\_\_ license no. \_\_\_\_\_

2. Other Parent's Information

- a. Name \_\_\_\_\_
- c. Cell Phone \_\_\_\_\_

3. Attorney Information

- a. Client's Attorney \_\_\_\_\_
- b. Other Parent's Attorney \_\_\_\_\_

4. Child/Children's Information

	<b>Name:</b>	<b>Sex:</b>	<b>D.O.B.:</b>	<b>Currently Resides With:</b>
1				
2				
3				
4				

5. Please list any special needs of the child(ren), including any allergies:

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6. Please list the name(s) and phone number(s) of any person(s) authorized to pick up and/or drop off the child(ren):

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Signature \_\_\_\_\_ Date \_\_\_\_\_

7. Any additional information you believe is important for Forward Steps to know:

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