



CHILDREN'S REHABILITATION SERVICE
CLIENT/FAMILY INFORMATION FORM

STATE OF ALABAMA
DEPARTMENT OF REHABILITATION SERVICES

CLIENT INFORMATION

SSN: ___-___-___
Last name: _____ First: _____ Middle: _____ Suffix: _____
Birthdate: ___/___/___ Sex: _____ Primary Ethnic Group: _____ Primary language: _____
Additional Ethnic Groups: [] American Indian or Alaskan Native [] Asian [] Black or African American [] White
[] Native Hawaiian or Other Pacific Islander [] Hispanic or Latino If Hispanic or Latino, Country of Origin: _____
Street Address: _____ City: _____
State: ___ ZIP code: _____ - ___ County of residence: _____ Home phone: (____) _____ - _____
Mailing address: _____ City: _____ State: ___ ZIP code: _____ - _____
E-mail address: _____
If student, name of school: _____
Is client married: [] Yes [] No Receives Supplemental Security Income (SSI): [] Yes [] No [] Applied

FAMILY INFORMATION (Parents, Spouse, Guardian)

1. SSN: ___-___-___ Type of relationship to client: _____
Is this the person financially responsible for the client: [] Yes [] No
Last name: _____ First: _____ MI: ___ Suffix: _____
Work phone: (____) _____ - _____ Cell phone: (____) _____ - _____ Birthdate: ___/___/___
Address and home phone number same as client: [] Yes [] No If no, please provide below:
Street: _____ City: _____
State: _____ ZIP code: _____ - _____ Home phone: (____) _____ - _____

2. SSN: ___-___-___ Type of relationship to client: _____
Is this the person financially responsible for the client: [] Yes [] No
Last name: _____ First: _____ MI: ___ Suffix: _____
Work phone: (____) _____ - _____ Cell phone: (____) _____ - _____ Birthdate: ___/___/___
Address and home phone number same as client: [] Yes [] No If no, please provide below:
Street: _____ City: _____
State: _____ ZIP code: _____ - _____ Home phone: (____) _____ - _____

3. Neighbor/Relative: _____ Relationship: _____ Phone: (____) _____ - _____

4. Neighbor/Relative: _____ Relationship: _____ Phone: (____) _____ - _____

Directions to client's home: _____

