

**DATE :**  
**CLIENT ID # :**  
**PROVIDER :**

## THE WOMEN'S CENTER CLIENT FACE SHEET

Information requested on this form is essential data for our records, program planning, and funding purposes. Your answers are **kept in strictest confidence** and never released to any other agency or individual without your written consent. PLEASE PRINT and COMPLETE ALL FIELDS.

### PATIENT INFORMATION

Patient's last name:		First:	Middle:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER	<input type="checkbox"/> New Client <input type="checkbox"/> Returning Client	Marital status (circle one) Single / Mar / Div / Sep / Wid	
<b>SSN:</b>				Parent/Guardian if client is a minor:			
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?			Birth date: / /		Age:	
Street Address:			City:	State:		ZIP Code:	
Email:			Home Phone: ( )		Cell Phone: ( )		
<b>Authorized Method of Contact (check all that apply):</b>							
<input type="checkbox"/> Email		<input type="checkbox"/> Home Phone (Okay to leave message? <input type="radio"/> YES <input type="radio"/> NO)		<input type="checkbox"/> Cell Phone (Okay to leave message? <input type="radio"/> YES <input type="radio"/> NO)		<input type="checkbox"/>	
Other:		(Okay to leave message? <input type="radio"/> YES <input type="radio"/> NO)					
Emergency Contact Name:				Emergency Contact Phone:			
<input type="checkbox"/> Check here if you are required to have an authorized representative for decision making.				Military Status: <input type="checkbox"/> Former <input type="checkbox"/> Current <input type="checkbox"/> N/A			
US Citizen : <input type="checkbox"/> YES <input type="checkbox"/> NO		Ethnic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic					
Race: <input type="checkbox"/> Am Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other							
Education: <input type="checkbox"/> HS/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Advanced							
Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled							
Combined Household Income: \$ _____				Female Headed Household? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>(Fairfax County Residents: Please complete the back of this form if applicable.)</b>							
# of people in household: _____		# of children under 18: _____		# of disabled dependents: _____			
# of elder dependents: _____		# of unemployed dependents: _____					

### REFERRAL INFORMATION

<b>How did you hear about The Women's Center (check all that apply):</b>  <input type="checkbox"/> Web Search <input type="checkbox"/> Other Health Professional <input type="checkbox"/> Insurance/Referral Service <input type="checkbox"/> Community Event <input type="checkbox"/> Personnel/HR <input type="checkbox"/> Mental Health Professional not at TWC  <input type="checkbox"/> Friend <input type="checkbox"/> Community Center <input type="checkbox"/> Church	Facility/agency referring you to the center:  Name of Provider: Phone #:
	Please check all applicable concerns:  <input type="checkbox"/> Career <input type="checkbox"/> Separation & Divorce <input type="checkbox"/> Marriage/ Relationships <input type="checkbox"/> Parenting <input type="checkbox"/> Other
What other Center activities have you participated in? (check all that apply) <input type="checkbox"/> Workshop <input type="checkbox"/> Special Events <input type="checkbox"/> Volunteer <input type="checkbox"/> Support/Therapy Group <input type="checkbox"/> Annual Conference <input type="checkbox"/> No Previous Involvement	
Are you willing to share your story to help promote TWC: <input type="checkbox"/> YES <input type="checkbox"/> NO	I'd like to hear more about workshops and events at The Women's Center: <input type="checkbox"/> YES <input type="checkbox"/> NO

The information entered above is **true and complete** to the best of my knowledge. I understand none of the above will be shared outside of TWC without my prior written consent.

\_\_\_\_\_  
 Patient/Guardian signature

\_\_\_\_\_  
 DATE:

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**THE WOMEN'S CENTER  
CLIENT FACE SHEET  
Income Limits**

Instructions:

1. Determine the number of individuals in your family (household). This number would include spouse, partner, children, parents, or anyone else that you are financially tied to who lives in your residence.
  - If your Family (Household) income is higher than Income Category 3 in the same row as the "Number of Persons in Family (Household)", then you do NOT need to complete this side of the form.
2. Use this number to select a row, which you will match with one of the 3 Income Categories.
3. Select the appropriate Income Category. Income should be at or below the number listed to be eligible for that category. (Example: A household of 2 with an income of \$30,000 would fall into Income Category 2 because \$30,000 is above the threshold for Income Category 1 (\$29,150).)
4. Place an X in the box (  ) next to the income amount.

<b>Number of Persons in Family (Household)</b>	<b>Income Category 1</b>	<b>Income Category 2</b>	<b>Income Category 3</b>
1	<input type="checkbox"/> \$25,500	<input type="checkbox"/> \$42,500	<input type="checkbox"/> \$54,350
2	<input type="checkbox"/> \$29,150	<input type="checkbox"/> \$48,550	<input type="checkbox"/> \$62,100
3	<input type="checkbox"/> \$32,800	<input type="checkbox"/> \$54,600	<input type="checkbox"/> \$69,850
4	<input type="checkbox"/> \$36,400	<input type="checkbox"/> \$60,650	<input type="checkbox"/> \$77,600
5	<input type="checkbox"/> \$39,350	<input type="checkbox"/> \$65,550	<input type="checkbox"/> \$83,850
6	<input type="checkbox"/> \$42,250	<input type="checkbox"/> \$70,400	<input type="checkbox"/> \$90,050
7	<input type="checkbox"/> \$45,150	<input type="checkbox"/> \$75,250	<input type="checkbox"/> \$96,250
8+	<input type="checkbox"/> \$48,050	<input type="checkbox"/> \$80,100	<input type="checkbox"/> \$102,450

7/16/2019