



110 SW Center Street
Mount Olive, NC 28365
919-635-3344 phone
919-635-3388 fax

307 Vance Street
Clinton, NC 28328
910-592-4507 phone
910-592-4494 fax

Wayne County Referrals Only – EASTPOINTE Screening Line: 1-800-913-6109

INTAKE FORM

Client Name _____ Record Number _____
Date of Birth ____ / ____ / ____ Age ____ Gender ____ Social Security No. ____ - ____ - ____
Name and contact information of referring person or provider _____

Insurance

(Provide identification numbers for all that apply.)

Medicaid _____
Medicare _____
Health Choice _____

BCBS _____
IPRS _____
Other _____

Client Guardian Contact Information

Address _____

Home Phone () - _____
Cell Phone () - _____
Work Phone () - _____

Legal Guardian Contact Information

Address _____

Home Phone () - _____
Cell Phone () - _____
Work Phone () - _____

Current Living Arrangement

- Reason for Services
- Residential III
- Private Residence
- Residential IV
- Foster Care
- PRTF

Mental Health/Behavioral Information

Reason for Services _____

Recent History (last 12 months) _____

Service Need

- Community Support Services – Child/Adult
- Behavioral Health Counseling
- Substance Abuse Counseling
- Diagnostic / Clinical Assessments
- Substance Abuse Intensive Out-Patient
- Community Support Team
- Intensive In-Home Services
- CAP