

12/2020



Catholic Charities of the Diocese of Lexington

**APPLICATION FOR SERVICES**

To help us serve you better, please complete this form. (This information is confidential under the laws of the State of Kentucky. Some of the data will be used without any reference to you to create statistics that inform others about our services. If services are for a minor, the form should be filled out in the minor's name.)

**APPLICANT:**

\_\_\_\_\_  
Last name First Name Middle Initial Nickname

\_\_\_\_\_  
Street (E-911) Address City State Zip Code

\_\_\_\_\_  
Mailing Address (if different from above) County

\_\_\_\_\_  
Email Address (needed for telemental health ) May we send you email regarding Catholic Charities?) Yes or No

\_\_\_\_\_  
Phone Number/s (Home) (Work) (Cell) (Other)  
*Please circle number(s) where we may leave a message*

\_\_\_\_\_  
Birth Date Birthplace (City/State) Social Security Number Ethnic/Racial Identity

\_\_\_\_\_  
Gender Marital Status (Single, Divorced, Married, Separated) Military Service (Yes/No)

\_\_\_\_\_  
Religious Affiliation Church You Attend Emergency Contact (Name and Phone Number)

\_\_\_\_\_  
Place of Employment/School Job Title Annual Household Income & Source/s

\_\_\_\_\_  
Last Education Completed School/College/Program/Educational Facility

**Please list family/household members/dependents here (attach a sheet if necessary):**

First and Last Name	M/F	Relationship	Birthdate	School (include grade) or Employment/Other Info	Lives with me (yes/no)

Please state your reason for coming to this agency \_\_\_\_\_

Who referred you to this agency? \_\_\_\_\_

Have you had counseling in the past? Yes or No If yes, when & with whom? \_\_\_\_\_

\_\_\_\_\_  
If yes, would you sign a release of information for us to request records? Yes or No (Please continue with page 2)

Do you take any prescribed medications? Yes or No                      If yes, please list medications, dose & frequency:

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Do you use tobacco products? Yes or No    If yes, what type, how often? \_\_\_\_\_

Do you drink alcohol? Yes or No    If yes, how many drinks at a time, how often? \_\_\_\_\_

Do you use anything else to change your mood ? Yes or No    If yes, what, and how often? \_\_\_\_\_

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Have you ever been abused? Yes or No    Please circle types: Physical, Sexual, Emotional, Verbal, Neglect

If you are under the care of a doctor, please state who and for what reason \_\_\_\_\_

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Has there been any history of physical or emotional illnesses in your family? Yes or No    If yes, please describe

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Please indicate any legal difficulties you are having \_\_\_\_\_

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Day and time you prefer an appointment \_\_\_\_\_

Do you plan to use health insurance to pay for services? Yes or No    If yes, please complete an Insurance Form for each health insurance you would like billed. Do not complete a form for Medicare or Medicaid.

Do you have reliable internet service? Yes or No    Please indicate your preferences for how counseling services are delivered, by marking a 1 for most preferred, 2 for next preferred and 3 for least preferred:

\_\_\_ In-person services                      \_\_\_ Telemental health (online videoconferencing)                      \_\_\_ Phone counseling

Are you willing to help us evaluate our services by completing a questionnaire? Yes or No                      If yes, please indicate the address to which the questionnaire should be sent if different from the home address listed:

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Is there anything else you think we should know to better serve you? \_\_\_\_\_

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Signature of Applicant \_\_\_\_\_

(Parent/Guardian must sign with minor or dependent)

Date \_\_\_\_\_

Please submit this form with a signed **Clinical Counseling Agreement**, a signed **Telemental Health Agreement**, an **Insurance Form** (if services are to be billed to a third party payor) and a **ten dollar (\$10) application fee**. If you are interested in telehealth services only, please submit a copy of your **photo id**. Forms can be faxed to (606) 874-9170 or can be mailed with a check or money order to:

Catholic Charities of the Diocese of Lexington, Inc.  
60 Martha's Vineyard  
Prestonsburg, KY 41653  
Fax and phone: (606) 874-9170