



**Additional Client Information**

| Residential Status / Living Arrangement |                                       |                                |
|---|---------------------------------------|--------------------------------|
| Independent Living - Alone              | Foster Care / Home                    | DJJ Facility                   |
| Independent Living - with Relatives     | Group Home                            | Crisis Shelter                 |
| Independent Living - with non-relatives | Homeless                              | Residential Tx Facility        |
| Dependent Living - with Relatives       | Dependent Living - with Non-Relatives | Assisted Living Facility (ALF) |
|   |                                       | HUD / Section 8                |

| Highest Grade Completed (Education Level) |                                      |
|---|--------------------------------------|
| No Schooling                              | High School Graduate, Diploma/Degree |
| Kindergarten to 4th Grade                 | 1 or more year of college, No Degree |
| 5th to 6th Grade                          | Associate's Degree (AA, AS, etc.)    |
| 7th to 8th Grade                          | Bachelor's Degree (BA, BS, etc.)     |
| 9th Grade                                 | Master's Degree (MA, MS, etc.)       |
| 10th Grade                                | Prof. Degree (MD, DDS, JD, etc.)     |
| 11th Grade                                | Doctoral Degree (PhD, Ed.D, etc.)    |
| 12th Grade, No Diploma or GED             | Special School                       |
|   | Vocational School                    |

**Insurance Information**

Do you have Insurance?  Yes (Copy of card required)  No

Name of Primary Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Holder Date of Birth Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Policy Holder Social Security # \_\_\_\_\_

Subscriber No: \_\_\_\_\_ Group No: \_\_\_\_\_ Contract No: \_\_\_\_\_

Relationship to Client:  Parent  Step Parent  Grand Parent  Bio Child  Stepchild  Other \_\_\_\_\_

Address (if different from client): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Secondary Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Subscriber No: \_\_\_\_\_ Group No: \_\_\_\_\_ Contract No: \_\_\_\_\_

Insurance Information Verified by BCI Staff: Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**FOR COUNSELING SERVICES ONLY - TANF Eligibility Review**

YES  NO Does anyone in the household receive a check from the State of Florida for temporary cash assistance or relative caregiver payments?

YES  NO Does the family seeking services include children less than 19 years of age?

YES  NO Does the family seeking services include a pregnant woman?

## Income Information

Responsible Party/Guardian (if a minor): \_\_\_\_\_

Number of Dependents: \_\_\_ Self \_\_\_ Spouse \_\_\_ Children \_\_\_ Others

Total # Dependents \_\_\_\_\_ Total # in Household (Family Size) \_\_\_\_\_

Annual Personal Income: \$ \_\_\_\_\_

| <u>Source of Income</u>                 | <u>Monthly Amount</u> |
|---|-----------------------|
| Salary                                  | \$ _____              |
| Disability                              | \$ _____              |
| TANF                                    | \$ _____              |
| Retirement/Pension/SSI Income           | \$ _____              |
| Other                                   | \$ _____              |
| Unknown                                 | \$ _____              |
| <b>TOTAL Household Income (monthly)</b> | \$ _____              |

| Employment (Occupational) Status: |                             |  |
|-----------------------------------|-----------------------------|--|
| Full Time                         | Leave of Absence            | Not in Workforce-Disabled                |
| Part Time                         | Active Military USA         | Not in Workforce- Not authorized to work |
| Unemployed                        | Unpaid Family Worker        | Not in Workforce- Student                |
| Retired                           | Not in Workforce -homemaker |  |

| CUSTOM TABS                      | CUSTOM                          |    |
|----------------------------------|---------------------------------|----|
| Mark Yes or No to the following  | Mark Yes or No to the following |    |
| Client is visually impaired      | YES                             | NO |
| CT is developmentally disabled   | YES                             | NO |
| Client is hearing impaired       | YES                             | NO |
| Client is Non-Ambulatory         | YES                             | NO |
| CT's English is severely limited | YES                             | NO |

**VOTER REGISTRATION:**

Do you want to register to vote?  Yes  No

Do you want to change anything with registration/address, etc.?  Yes  No

Do you need assistance?  Yes  No

Would you like to hear about your voter registration rights?  Yes  No

**TOBACCO CESSATION:**

Do you smoke?  Yes  No

Would you like to save money by reducing your smoking?  Yes  No

BCI-21

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