



Name you prefer to be called:

Date:

Legal Name (First, Middle Initial, Last):

Preferred Pronouns:

Date of Birth:

Age:

Address:

City/Town:

Zip Code:

Contact Information (Please check off preferred method of contact)

Phone #:

Email:

Demographic Information

1. How would you describe your ethnic background?

- American Indian
- Alaska Native
- Asian
- Southeast Asian
- Black or African American
- White
- Hawaiian
- Pacific Islander
- Not listed
- Unknown or Not Reported

2. Are you Hispanic or Latinx? Yes No

3. What is your Nationality? _____

4. What is your primary language? English Spanish Portuguese

5. What is your sexual identity?

- Heterosexual
- Gay or lesbian
- Bisexual
- Pansexual
- Asexual
- Questioning
- Queer
- Other

6. How do you identify your gender?

- Female
- Male
- Transgender
- Non-binary
- Other

7. Do you receive Department of Mental Health services? Yes No

8. Is there anything going on in your life right now you wish you could change? Yes No

Explain: _____

9. What areas would you like us to help you with? (Check all that apply)

- Living Situation
- Health & Wellbeing
- Substance Use
- Supports & Services
- Family / Social Connections
- School / Education
- Employment / Vocational Training / Finances
- Uncertain, but I know I need help

By signing below, I agree that:

I'm interested in the services offered by the Youth Elemento Access Center.

Youth/Young Adult Signature _____

Youth/Young Adult Print Name: _____

Notes:

Emergency Contact and Information

Emergency Contact:

Name: _____

Relationship: _____

Address: _____

City / Town: _____

Home Phone: _____

Cell Phone: _____