

# Client Intake Information



Program \_\_\_\_\_ Region \_\_\_\_\_ Case Number \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ Zip \_\_\_\_\_

(Circle One) Home/Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

Email Address \_\_\_\_\_ Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widow(er) Veteran: ☐ Yes ☐ No

Ethnicity: ☐ Caucasian ☐ African American ☐ Asian/Pacific Islander ☐ Hispanic/Latino ☐ Native American ☐ Other/Unknown

Language Preference: ☐ English ☐ Spanish ☐ Other \_\_\_\_\_

Referred By: Name \_\_\_\_\_ Agency \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Last First Middle

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

TOTAL # IN HOME \_\_\_\_\_ Number of People Living in Home (by age):

	0-17	18-54	55+
Female			
Male			

## CONSENT FOR SERVICES

I have read or had explained to me my rights and responsibilities as a recipient of services from Catholic Charities of East Tennessee that includes the Client Grievance Procedure, Client Rights, and Confidentiality Agreement and have received copies for my records. I understand that I may stop treatment or receipt of services at any time. Questions and concerns regarding receipt of services have been addressed to my satisfaction. I grant my consent to receive services from Catholic Charities of East Tennessee.

Client Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Client's Full Name (please print) \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Witness/Staff \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Interpreter (if applicable) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*Additional Family Members:

Name	Relationship	Age	Race

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## Client/Staff Confidentiality Agreement



In compliance with the Federal Privacy Act of 1974, and in accord with the Code of Ethics of Catholic Charities, USA, Catholic Charities of East Tennessee, Inc. (CCETN) respects and maintains the privacy of clients and holds in confidence all information obtained in the course of providing services.

The staff of CCETN is committed to respecting and maintaining the confidentiality of information that you provide by adhering to privacy standards as dictated by Tennessee State Law and professional ethical principles. In most circumstances, information that you provide cannot be disclosed without your written consent. Your records may be reviewed internally for the purpose of staff supervision and/or quality assurance. There are exceptions to confidentiality:

1. If you indicate an intention to harm yourself or someone else
2. If emotional, financial, physical or sexual abuse is known or reasonably suspected, CCETN staff members are legally and ethically bound to report this information to the proper authorities
3. If subpoenaed to release information by a judge during legal proceedings
4. If you sign a written release giving authorization to provide information

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Client Name (Printed)

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Client Signature

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Legal Guardian Signature (if client is under 18 years of age)

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Staff Signature

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Date

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## Client Rights & Responsibilities



Empowered by the grace of Jesus Christ, Catholic Charities of East Tennessee fosters human dignity of the vulnerable in our region through shelter, counseling, education, advocacy, and reverence for life.

### Client Rights:

1. The right to available services, regardless of your age, race ethnicity, gender, religious or political affiliation, physical or mental disability, or infectious disease, and the right to referral(s), as appropriate, to other service providers in our area.
2. The right to competent professional services including, a description of the services, in a manner that you best understand.
3. The right to ongoing participation in the planning of services and in the development and periodic revision of a service plan.
4. To be informed of the service procedures and length of service period.
5. The right to refuse services and/or treatment in accordance with state and federal law.
6. The right to refuse to participate in research or experimentation; the right to informed consent to such participation should you agree to be involved.
7. The right to a humane service environment that affords safety, privacy, and personal liberty.
8. The right to terminate services at any time without prejudice.
9. The right to appropriate confidentiality including records.
10. The right to review your own records by presenting a written request to staff and setting a mutually arranged time for viewing with witness present. Client will be asked to present photo identification prior to reviewing records. *An individual's right to review his or her care or treatment may be denied, or otherwise limited, but only in the most extreme circumstances where serious harm is likely to ensue. In such cases, objective criteria must guide decisions to deny access. In all cases, the organization must operate in accord with applicable law*
11. The right and opportunity to add a written statement to the file if you dispute the contents.
12. The right to information regarding client rights, including a copy of this document and an explanation of these rights in a manner clear to you.
13. The right to receive service and fee information at the time of the initial assessment, to look at or have explained your bill, regardless of source of payment and notice of service fee changes thirty (30) days prior to effective date.
14. The right to a smoke free environment, as provided by agency policy.
15. The right to assert grievances, with respect to infringement of these rights, without experiencing retaliation or barriers to service. Included within is the right to have such grievances considered in fair, timely, and impartial manner.

### Client Responsibilities:

1. Keep appointments with staff that have been scheduled with agency staff or to cancel 24 hours in advance. Clients who arrive over 15 minutes late will be rescheduled. If there is a fee for service, there is a charge for late cancellations and no shows.
2. To pay all fees, where appropriate, in a timely manner. If payment is a problem, please speak to staff about it.
3. To provide CCETN with accurate and truthful information regarding personal data, where needed, for services.
4. To be actively involved in planning and implementing your service plan. CCETN reserves the right to terminate services for non-compliance.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Client Grievance Policy & Procedures



### PURPOSE

To resolve grievances as quickly as possible and to the best level of satisfaction possible by the people most directly involved in a confidential manner.

### DEFINITION

A grievance is a formal complaint or protest concerning a violation of rights or misuse of authority by agency personnel. Examples of grievances are: allegations of discrimination; violations of confidentiality, privacy, authority, or client rights, etc. Grievances are NOT day-to-day frustrations, dislikes, or problems with agency policies. Feedback on these issues may be given, verbally or in writing, to the appropriate agency personnel who will give your concerns the necessary consideration.

It is the goal of CCETN to provide fair and equitable treatment to all clients in a manner that fosters human dignity. Grievances will not result in retaliation or barriers to service. If a client has a grievance or complaint regarding their treatment by the agency or its representatives, they have the right to submit a grievance through the following procedure:

- Step 1. If appropriate, the client is encouraged to discuss the concern directly with the involved staff.
- Step 2: If the concern is not satisfactorily resolved, the client may then discuss the complaint with the Program Leader. For grievances with the Program Leader, in single-staffed programs, the client shall contact the Director of Programs.
- Step 3: The client is offered the opportunity to put the complaint in writing using the CCETN Client Grievance Form. In order to proceed, the client must submit the complaint on the agency form to the appropriate staff member within 24 hours (or up to 5 working days in extenuating circumstances.) If the client chooses not to put the complaint in writing, the process will end.
- Step 4. Agency staff will have 24 hours to acknowledge the complaint and submit to HR followed by 5 working days to investigate the written complaint and respond with a course of action. The client will be notified in writing of their acknowledgement, conclusions and any proposed resolution.
- Step 5. If the grievance has not been resolved, the client has 24 hours (or up to 5 days in extenuating circumstances) to submit the written complaint to the Director of Programs. The Director of Programs must acknowledge the complaint within 24 hours, then investigate and determine a course of action within 5 working days. The client will be notified in writing of the acknowledgement, findings and any proposed resolution.
- Step 6. If the grievance has not been resolved, the client has 24 hours (or up to 5 days in extenuating circumstances) to submit the written complaint to the Human Resources Manager. The Human Resources Manager must acknowledge the complaint within 24 hour, then investigate and determine a course of action within 5 working days. The client will be notified in writing of the acknowledgement, findings and any proposed resolution.
- Step 7. If the grievance has not been resolved, the client has 24 hours (or up to 5 days in extenuating circumstances) to submit the written complaint to the Executive Director. The Executive Director must acknowledge complaint with 24 hours, then investigate and determine a course of action within 10 working days. The client will be notified in writing of the acknowledgement, findings and any proposed resolution
- Step 8. If the grievance is not resolvable with the Executive Director, the client has 24 hours (or up to 5 days in extenuating circumstances) to submit the written complaint to the Board of Trustees. The Board President must acknowledge the complaint within 24 hours and will render a final written recommendation regarding the resolution of the grievance.

*I have read and understand the Grievance Policy and Procedure.*

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Client Signature

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Date

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Parent/Legal Guardian Signature

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Date



### PHILOSOPHY

The Catholic Charities of East Tennessee (CCETN) Board of Trustees and management promote a safe and therapeutic environment and provide necessary supports and resources to:

- Keep staff, volunteers, and service recipients safe by practicing safety intervention and crisis intervention techniques as deemed necessary.
- Promote well-being and promote, as our number one expectation, which safety is to be respected and practiced by all who are associated with CCETN.

Our agency's philosophy is to use appropriate therapeutic interventions to reduce any unsafe situation and minimize the risk to all. The goal of CCETN is to provide a safe environment for service providers and participants. When dealing with vulnerable populations the risk of inappropriate behavior is real; when such behavior surfaces, our most basic rule is to keep as many people as safe as possible, thus minimizing harm.

*I have read and received a copy of this policy:*

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Staff Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

Client Name: \_\_\_\_\_

**Counseling Client Information**

Where were you born? Where did you grow up? \_\_\_\_\_  
\_\_\_\_\_

What is your primary language? ☐ English ☐ Spanish ☐ French ☐ other: \_\_\_\_\_

What is the highest level of education you have completed? \_\_\_\_\_

If you are currently employed, where do you work and what is your occupation/position? \_\_\_\_\_  
\_\_\_\_\_

What other types of jobs have you had in the past? \_\_\_\_\_  
\_\_\_\_\_

If you are a student, where do you go to school and what is your major? \_\_\_\_\_  
\_\_\_\_\_

Have you served in the military? If so, please list branch and duration of service and note any combat experience.

\_\_\_\_\_  
\_\_\_\_\_

Have you had counseling in the past? If so, what prompted you to go to a counselor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medical conditions that you believe we should be aware of. \_\_\_\_\_  
\_\_\_\_\_

If you are currently taking medication(s) to treat any mental health concern, please list them in the chart below.

Medication Name and Dosage	Reason for taking	How long have you been taking it?	Prescriber Name	Do you take it as prescribed?