

**Strong EAP
Client Registration Form**

Case Number _____

All information you provide will be strictly confidential

Employee Information

Name: _____ Employee I.D# _____

Employer : _____ * Dept. _____ Location: _____

Position: _____ Date of Hire: _____ Are you a union member? Yes ___ No ___

____ FT Staff ___ PT Staff ___ FT Faculty ___ PT Faculty ___ Temporary ___ Per Diem
____ Officer/Fire Fighter[full time] ___ Officer/Fire Fighter [part time/volunteer]

*** This information is for EAP purposes only, and will remain confidential.**

Client Information

Name: _____ Client ID# _____

1) Relationship to employee: ___ Self ___ Spouse ___ Dependent ___ Other family member

2) Your date of birth: _____

3) Gender: ___ Male ___ Female

4) Current Marital Status: ___ Married ___ Divorced ___ Separated
___ Single ___ Widowed ___ Partner

5) Home Address: _____

6) Home Phone _____ Work Phone _____
Cell Phone _____ Pager # _____
E-mail address _____ Preferred method of contact _____

7) Emergency Contact _____ Telephone Number _____

8) Ethnicity:
African American/ Black ___ American Indian/Alaskan Native ___ Asian ___
Caucasian/White ___ Hispanic/Latino ___ Multi Racial ___
Native Hawaiian/Other Pacific Islander ___ Other _____

9) Insurance Coverage:
Aetna ___ Blue Choice ___ Blue Cross/Blue Shield ___ Medicaid ___
MVP [Preferred Care] ___ ViaHealth ___ None ___ Other _____

10) How did you hear about EAP services? Brochure ___ Co-worker ___ Supervisor ___ HR ___
Union Rep. ___ Primary Care Physician ___ Orientation/Presentation ___ Poster ___
Reputation ___ Family Member ___ Web Page ___
Other (please specify) _____

11) Have you or a member of your family used EAP services in the past? ___ Yes ___ No