

Jr's Heart SAVES

Counseling Services Intake Form

SECTION 1: CLIENT INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / ____

Age: _____

Gender: Female Male Nonbinary Prefer not to say Other: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

County of Residence: _____

Phone: _____

Email: _____

Preferred Contact Method: Phone Email Text

SECTION 2: REFERRAL INFORMATION

How did you hear about Jr's Heart SAVES?

- Self-Referral
- DFCS / CPS
- Court Program (DUI / Drug / Veterans / Family Accountability Court)
- School Counselor / Educator
- Mental Health Provider
- Community Organization
- Other: _____

Referral Name/Agency (if applicable): _____

Contact Number or Email: _____

SECTION 3: ELIGIBILITY CRITERIA

(Check all that apply)

- Survivor of child abuse or neglect
- Parent/caregiver currently involved with DFCS or CPS
- Child of a parent in a court accountability program

- Experiencing financial hardship
 - Victim of domestic violence
 - Referred by partner agency or counseling provider
 - Other qualifying circumstance: _____
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SECTION 4: HOUSEHOLD INFORMATION

Household Size: _____
Annual Household Income: \$ _____

- Income verified (attach document) Income pending verification

Primary Language: English Spanish Other: _____
Insurance Status: Uninsured Medicaid Private Insurance Other: _____

SECTION 5: SERVICES REQUESTED

(Check all that apply)

- Individual Counseling
 - Child/Adolescent Counseling
 - Family or Parent Sessions
 - Group Therapy or Support Groups
 - Crisis Support / Advocacy
 - Case Management / Resource Linkage
 - Other: _____
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SECTION 6: PRESENTING CONCERNS

Briefly describe the reason for seeking counseling/support:

Have you received counseling before? Yes No

If yes, where/when: _____

SECTION 7: SAFETY & WELL-BEING CHECK

- I am currently in a safe living situation
- I have experienced trauma, abuse, or neglect
- I am currently experiencing crisis or danger in my environment

If you checked the last option, please describe (optional or for staff only):

SECTION 8: CONSENTS & AGREEMENTS

- I understand Jr's Heart SAVES provides **free short-term counseling (typically 6-8 sessions)** based on funding and eligibility.
- I understand these services are **voluntary** and may require **referrals to additional supports** if needs exceed available care.
- I understand services will be terminated after **2 missed sessions**.
- I consent to participate in intake assessment(s) and for my information to be used for service coordination.

Signature of Applicant/Guardian: _____

Date: ____ / ____ / _____

If minor, name of parent/guardian completing form:

Email signed form to jrsheartsaves@gmail.com or drop off/mail to: 14 Greenville St, Suite B3, Newnan, GA 30263.

SECTION 9: STAFF USE ONLY

Reviewed By: _____

Date Reviewed: ____ / ____ / _____

Eligibility Verified: Yes No

Service Category: Individual Group Family Other _____

Program Placement: _____

Notes / Next Steps:
