



# UFA Initial Intake Form

## **Participant Information**

First Name

Last Name

Date of Birth

Gender

Address

City

State

Zip Code

I am (in regards to UFA)

Full Time Sworn

Part Time

Civilian Employee

Family member of UFA employee

## **Contact Information**

Cell Phone

Non-UFA Email

Preferred method of contact

Text

Email

Phone Call

Are you ok if we leave a voicemail if the phone call isn't answered?

Yes

No

## **Emergency Contact Information**

Name

Relationship

Cell Phone

Email

Preferred method of contact

Text

Email

Phone Call

Are you ok if we leave a voicemail if the phone call isn't answered?

Yes

No

## **Additional Information**

Are you currently working with a peer support member? If yes, who?

Immediate Release of Information (ROI) preferences — Is it ok to speak with anyone else about your case outside of what is listed on your ROI?      Yes      No

If yes, to whom may we release the information if requested?