

CENTER FOR COUNSELING AND HUMAN DEVELOPMENT

Confidential Application for Service

Today's Date: _____

Full Name: _____ Student ID #: _____

Local Address: _____

Home Address: _____

Cell Phone #: _____ Okay to leave message? Yes No

Home Phone #: _____ Okay to leave message? Yes No

Birthdate: _____ Age _____

Referred to this office by: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone #: _____

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Reasons for coming into the Counseling Center today:

- | | | |
|--|-----|----|
| 1. I am concerned for my safety | Yes | No |
| 2. I am concerned for someone else's safety | Yes | No |
| 3. I have experienced a traumatic situation within the last 2 months | Yes | No |
| 4. I just wanted to get established with counseling services | Yes | No |