



REGISTRATION FORM

Please complete all information on this form. If you need help, please speak to one of our Staff.

Last Name: _____ First Name: _____ Middle: _____

Age: _____ Birth Date: ____/____/____ Sex: _____ SS#: _____ - ____ - ____

Address: _____ Apt #: _____ Phone: Home: _____

City/State/Zip: _____ Work: _____

Email: _____ Contact Preference: _____ Cell: _____

Primary Language: _____ Religious Preference: _____

Race: White Black Asian American Indian Alaskan Native Native Hawaiian Pacific Islander Multi-Racial

Ethnicity: Puerto Rican Mexican Cuban Other Hispanic Haitian Mexican American Spanish/Latino
(check one) None of the Above

Marital Status: Never Married Married Widowed Divorced Separated Domestic Partner Legally Separated

Employment Status: Active Military Full Time FT Self-Employ Part Time PT Self-Employ Unemployed Disabled
Retired Student Homemaker Leave of Absence Criminal Inmate Not Authorized to Work

Highest School Grade Completed: _____ Current School: _____

Preferred Name/Nickname: _____

Have you ever been known by another name or former alias: No Yes Name: _____

Sexual Orientation: Straight or heterosexual Bisexual Lesbian, gay or homosexual Other Unknown
Chose not to disclose

Gender Identity: Male Female Genderqueer Transgender (MTF) Transgender (FTM) Other
Chose not to disclose

Residential Status: Independent Living Alone Independent Living-with Relatives Independent Living-with Non-Relatives
Dependent Living-w/Relatives Dependent Living-w/Non-Relatives Homeless Group Home Jail
Assisted Living Facility Mental Health Institute Nursing Home Supported Housing Foster Care
DJJ Facility Crisis Residence Children Residential Treatment Limited MH Licensed ALF Other

Total Number of persons living in household _____ Veteran: Yes No

Referred by: _____ Referral Phone: _____

Do you have an open Child Welfare case plan: Yes No

Have you ever received services here before? No Yes If so, when: _____

IDENTIFY DISABILITY FACTORS:

Developmental Disabilities: Yes No Physically Impaired: Yes No
Non- Ambulatory: Yes No Visually Impaired: Yes No
Deaf or Hard-of-Hearing: Yes No ADL Functioning: Yes No
English Language Severely Limited: Yes No (Inability to perform independently day-to-day living)

What auxiliary aids, services, or assistance do you need to help you communicate with us? _____

EMERGENCY CONTACT/ PARENT/ LEGAL GUARDIAN (check one)

Name: _____ Phone: Home: _____

Address: _____ Apt #: _____ Work: _____

City/State/Zip: _____ Relation: _____

MEDICAL BENEFITS

Do you have any insurance? Yes No **Medicaid** **Medicare** **Commercial PPO/HMO**

I authorize the release of any medical information necessary to process this or a related claim to:

Member ID: _____

Insurance Company Name and Address

I authorize payment of benefits to Directions for Living.

Date: _____ / _____ / _____

Client Signature

MEDICAL INFORMATION

Primary Care Physician: _____ Phone #: _____

Other Treating Physician: _____ Phone #: _____

Pain Management Specialist: _____ Phone #: _____

SERVICE AUTHORIZATION / CONSENT TO TREAT / CONSENT TO PARTICIPATE

My signature below certifies that:

- 1) I give permission to staff of Directions for Living to render mental health/substance abuse treatment and/or prevention services to the person named below either in person, or through telehealth or telephonic.
- 2) I have received a copy of the Client Handbook, which is also available for download here http://directionsforliving.org/your_visit/ which includes information regarding:
 - Organizational Mission
 - Advance Directive
 - Hours of Operation
 - Emergency Procedures
 - Notice of Privacy Practices
 - Treatment Services
 - Client Rights and Responsibilities
 - Infectious Disease Control
 - Grievance Procedures
- 3) I have received the HIV/AIDS education information and understand that I may ask for further information regarding testing and other services at any time.
- 4) I consent to be contacted via phone, email, or text in regards to my appointments.
- 5) I understand that I may be contacted about my services at Directions for Living during or after services for quality improvement purposes.
- 6) I understand that Directions may be required to submit statistical and demographic information such as my age, social security number and/or income to certain local, state and/or federal agencies in order to provide my services. I also understand that I may ask for more specific information regarding this at any time.
- 7) I am providing this consent to treatment and/or prevention services voluntarily and understand that I have the right to withdraw my consent at any time.

Print Client Name

Client Signature

Date

Parent/Guardian Signature (if applicable)

Date

Relation to Client

Witness

Date



Date: _____

Payment Based on:

Medicare Medicaid Pin. Cty Health Plan Self-Pay/No Insurance

Commercial: _____ **Name of Insurance:** _____

Client Monthly Income: \$ _____ Other Monthly Income: \$ _____

Annual Household Income: \$ _____

Total number of people supported by annual household income: _____

Income Verification Type:

Pay Stubs Unemployment Stub W2/ 1099
 Letter of Support SSI Stub Self-Report
 Other: _____

Income verified by (Staff Name) : _____

**Income verification noted above must be copied and placed in client's record
**To be completed quarterly except TANF which is every 30 days*

The below to be completed with FSR for AOP/COP/Medical:

Qualify for IDP: Yes No

Self-Pay \$: _____ Sliding Scale %: _____

Reason for the Full Fee: _____ (Name of Insurance We Don't Accept)

Therapy Service Fees

Assessment: \$ _____
Group Therapy: \$ _____
Therapy: \$ _____

Medical Service Fees

Psychiatric Evaluation \$ _____
Medication Follow-Up Visits \$ _____

Financial Svcs. Rep. Signature

Date

Client / Guardian Signature

Date

**Please give a copy to the client and place the original in the client's file.*

Client Name: _____

Client #: _____

NATIONAL VOTER REGISTRATION ACT Preference Form/Application

Client's preference (check the box only in 1. or 2.)

If you do not check any box, it will be considered that you chose not to register or update your voter registration at this time.

1. If you are not registered to vote where you live now, would you like to apply to register to vote today?

Yes No, I decline.

2. If you are registered to vote where you live now, would you like to update your voter registration record?

Yes No, I decline.

CLIENT: _____
Name or identification number Date

OFFICIAL USE ONLY (check all that apply)

[Note: Only a client who is eligible can decline or accept an opportunity to register or update a record on his or her behalf]

1. Client applied for: New services/assistance
 Renewal of services/assistance Address change

2. How client applied: In person By phone
 At home Online/web service

3. Client: Submitted registration application.
 Was sent form/application on ___/___/___(date).
 Did not complete application/took form/application.

Preference form must be retained by agency for two years from dated form (DS-DE 77-ENG; rev. 11-2011)

=====Notice of Rights=====

Help: If you would like help in filling out your voter registration application, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application in private.

Benefits: If you are applying for public assistance from this agency, applying to register, or declining to register to vote will not affect the amount of assistance you will be provided by this agency.

Privacy: Your decision not to register or update your record and the location where you applied to register or update your voter registration record is confidential and may only be used for voter registration purposes.

Formal Complaint: If you believe someone has interfered with either your right to apply to register or to decline to register to vote, your right to privacy in deciding whether to apply to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Florida Secretary of State, Division of Elections, NVRA Administrator, R.A. Gray Building, 500 S. Bronough Street, Tallahassee, Florida 32399-0250. Forms for filing a complaint are available at <http://election.dos.state.fl.us/nvra/index.shtml> or call 1-850-245-6200.

[Authority: National Voter Registration Act (42 U.S.C. 1973gg); sections 97.023, 97.058, and 97.0585, F.S.]

To Register to Vote in Florida, You Must:

- Be a U.S. citizen (a lawful permanent resident cannot register or vote)
- Be at least 18 years old (you may pre-register if you are at least 16 years old although you cannot vote until you are 18 years old)
- Be a Florida resident
- Have had your right to vote restored if you have ever been convicted of a felony
- Have had your right to vote restored if a court has ever declared you to be mentally incapacitated as to your right to vote.

If you do not meet these requirements, you are not eligible to register.

You Can Register to Vote at:

- Any Supervisor of Elections' office
- Any driver's license office or tax collector's office that issues driver's licenses
- Any voter registration agency (that is, any public assistance office, any office that provides services for persons with disabilities, any center for independent living, any armed forces recruitment office or any public library)
- The Division of Elections (Florida Department of State)

You Can Hand-in or Mail a Completed Application to Any of the Locations Listed Above

If mailing, mail with sufficient postage to:

Division of Elections
R.A. Gray Building
500 S. Bronough Street
Tallahassee, Florida 32399-0250

(contact information: 850-245-6200; <http://election.dos.state.fl.us>)

Your Supervisor of Elections will contact you if your application is incomplete, denied, or a duplicate.
Once you are registered, you will receive a voter information card.

*****Turn Page Over for Registration Application*****



Application to Register in Florida

Part 1 - Instructions

To Register in Florida, you must: Be a U.S. citizen, be a Florida resident and at least 18 years old (you may also pre-register if you are 16 or 17 years old but you cannot vote until you are 18).

If you have ever been convicted of a felony or if a court has ever found you to be mentally incapacitated as to your right to vote, your right to vote has to be restored before you can register.

If you do not meet any one of these requirements, you are not eligible to register.

Where to Register: You can register to vote in-person or by mailing or hand-delivering your application to any supervisor of elections' office, any office that issues driver's licenses, a ny voter registration agency (for example, any public assistance office, assisted living facility, office serving persons with disabilities, public library, or armed forces recruitment office) or the Division of Elections. *If mailing application, be sure to add sufficient postage.*

Deadline to Register: The deadline to register to vote is 29 days before an upcoming election. You can update your registration record at any time, but to change your political party for a primary election, you must make the change by the registration deadline. For a new application, you will be contacted if your application is incomplete, denied or a duplicate of an existing registration. If you receive a voter information card, that means you are registered to vote.

Identification (ID) Requirements: If you are a new applicant, state and federal law require you to provide a current and valid Florida driver's license number (FL DL#) or Florida identification card number (FL ID#). If you have not been issued a FL DL# or FL ID#, you must then provide the last four digits of your Social Security Number (SSN). If you have not been issued any of these ID numbers, check "None" on the application. If you do not provide any number or do not check "None," your registration may be denied. See s.303, HAVA and section 97.053(6), Fla. Stat.

Special ID requirements: If you are registering by mail, have never voted in Florida, and have never been issued one of the ID numbers above, you must include with your application, or at a later time before you vote, one of the following:

- A copy of an ID that shows your name and photo (*acceptable IDs*)--U.S. Passport, debit or credit card, military ID, student ID, retirement center ID, neighborhood association ID, or public assistance ID; or
- A copy of an ID that shows your name and current residence address (*acceptable documents*)--utility bill, bank statement, government check, paycheck, or other government document.

You do not have to provide the special ID to register if you are 65 or older, have a temporary or permanent physical disability, are a member of the active uniformed services or merchant marine who is absent from the county for active duty, or a family member thereof, or are currently living outside the U.S. but eligible to vote in Florida.

Political Party Affiliation: Florida is a closed primary election state. That means voters registered with a political party can only vote for that party's candidates in a partisan race on a primary election ballot. However, regardless of the political party with which you registered, you can still vote in the primary election on any issue, any nonpartisan race or any race where the candidate will face no opposition in the general election.

Indicate the political party with which you wish to be registered. If you leave the political party affiliation box blank or write "None," you will be registered without any party affiliation. For a list of political parties registered in Florida, go to the Division of Elections' website under the heading *For the Voters* at: <http://election.dos.state.fl.us/>

Race/Ethnicity: You are not required to list your race or ethnicity. However, if you choose to do so, please choose only one of the following: American Indian/Alaskan Native, Asian/Pacific Islander, Black (Not Hispanic) Hispanic, Multi-racial, White (Not Hispanic), or Other.

Public Record Notice: This application becomes a public record when filed. However, the following information is not available to the public and is used only for voter registration purposes: your FL DL#, FL ID# and SSN, where you registered to vote, and whether you declined to register or update your voter registration record when asked by a voter registration agency. Your signature can be viewed but not copied. (Section 97.0585, Fla. Stat.)

Criminal Offense: It is a 3rd degree felony to submit false information. Penalties include fines up to \$5,000 and/or up to 5 years of prison.

Questions: For more information, contact your local supervisor of elections, or refer to the Division of Elections' website at: <http://election.dos.state.fl.us>.

Información en español. Sirvase llamar a la oficina del supervisor de elecciones de su condado si le interesa obtener este formulario en español.

Application To Register in Florida

Part 2 - Form (national mail-in application)

Are you a citizen of the United States of America? Will you be 18 years old on or before election day? If you checked "No" in response to either of these questions, do not complete form. <small>(Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)</small>				This space for office use only.			
1	Last Name	First Name	Middle Name(s)				
2	Home Address	Apt. or Lot #	City/Town	State	Zip Code		
3	Address Where You Get Your Mail If Different From Above		City/Town	State	Zip Code		
4	Date of Birth <small>Month Day Year</small>	5	Telephone Number (optional)	6 ID Number - (See Item 6 in the instructions for your state)			
7	Choice of Party <small>(see item 7 in the instructions for your State)</small>	8	Race or Ethnic Group <small>(see item 8 in the instructions for your State)</small>				
9	I have reviewed my state's instructions and I swear/affirm that: <ul style="list-style-type: none"> ■ I am a United States citizen ■ I meet the eligibility requirements of my state and subscribe to any oath required. ■ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States. 			<div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> Please sign full name (or put mark)			
Date: / / 							
If this application is for a change of name , what was your name before you changed it?							
A	Last Name	First Name	Middle Name(s)				
If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?							
B	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code		
If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.							
C	<ul style="list-style-type: none"> ■ Write in the names of the crossroads (or streets) nearest to where you live. ■ Draw an X to show where you live. ■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark. <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p><small>Example</small></p> <p>Public School ●</p> </div> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Route #2</p> <p style="text-align: center;">● Grocery Store</p> <p style="text-align: center;">Woodchuck Road</p> <p style="text-align: right; font-size: 2em;">X</p> </div> <div style="flex-grow: 1; border: 1px solid black; margin-top: 20px;"> <div style="text-align: right; padding-right: 10px;">NORTH </div> </div> </div>						
If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).							
D							