



# YOUTHBUILD NORTH SHORE

102 LAFAYETTE STREET SALEM, MA 01970  
 TEL (978) 825-4005 FAX (978)745-4345

## CONTACT FORM

|   |                                  |   |   |  |   |
|---|----------------------------------|---|---|--|---|
| Last Name   |                                  | First Name  |   | Middle Name                            | Today's Date  |
| Street Address  |                                  |   |   | Borough                                |   |
| City  |                                  | State   |   | Zip Code                               |   |
| Mailing Address (If Different From Above)   |                                  |   |   | Zip Code                               |   |
| Home Telephone No.  |                                  | Work Telephone No.  |   | Alternate Telephone No.                |   |
| Preferred Method of Contact<br><input type="checkbox"/> Telephone <input type="checkbox"/> Mail   |                                  |   |   |  |   |
| Age   | Date of Birth                    | Social Security   |   | Household Income                       | Who do you reside with?   |
| Gender  | Race/ Ethnicity                  |   | Citizenship   | Primary Language                       | Second Language   |
| Last Grade Completed _____  |                                  | Have you ever taken GED Courses Yes / No<br>If so indicate when _____ |   |  | Have you received any of the following?<br>(Circle One)<br>GED Associates Bachelors |
| No. of Children   | No. of Dependants                | No. of Children Residing In Household                                 | Marital Status<br><input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Other |  |   |
| Allergies (please list)   | Mental Health Diagnosis (If Any) |   | Current Medication (If Any)   |  |   |
| Do you have health coverage?  |                                  | Service Provider  | Policy #  | Policy Holder (parent, self, or other) |   |
| <b>Emergency Contact Information</b>  |                                  |   |   |  |   |
| Name  |                                  | Address   |   | Home Telephone No.                     | Work Telephone No.  |
| Relationship<br><input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> Significant Other <input type="checkbox"/> Family Member <input type="checkbox"/> Other |                                  |   | May We Contact This Person<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |
| <b>Emergency Contact Information</b>  |                                  |   |   |  |   |
| Name  |                                  | Address   |   | Home Telephone No.                     | Work Telephone No.  |
| Relationship<br><input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> Significant Other <input type="checkbox"/> Family Member <input type="checkbox"/> Other |                                  |   | May We Contact This Person<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |
| Completed By  |                                  | Signature   |   | Title                                  | Credentials   |