CLIENT REGISTRATION FORM

Please fill in or circle the appropriate category

NAME: ____________________________________________

ADDRESS: ____________________________________________

HOME PHONE: ____________________________________________ WORK PHONE: ____________________________________________

MARITAL STATUS
1. Single
2. Married
3. Separated
4. Divorced
5. Widowed
6. Other

ETHNIC BACKGROUND
1. White/Caucasian
2. Black/Afro-American
3. Am. Indian/Native American
4. Chicano/Spanish American
5. Pacific Island/Asian American
6. Other

SEX: M F

AGE: _________

BIRTH DATE: _____/_____/______

HIGHEST GRADE COMPLETED

<table>
<thead>
<tr>
<th>Grade School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8</td>
<td>9 10 11 12</td>
</tr>
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<table>
<thead>
<tr>
<th>College</th>
<th>Grad/Professional School</th>
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<tbody>
<tr>
<td>13 14 15 16</td>
<td>17 18 19 20</td>
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<table>
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<tr>
<th>Voc/Trade School</th>
<th>Business School</th>
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<td>1 2 3 4</td>
<td>1 2 3 4</td>
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</tbody>
</table>

HIGHEST DEGREE EARNED
1. High School
2. AA, Business or Technical Certificate
3. Bachelor’s Degree
4. Master’s Degree
5. Doctoral Degree

EMPLOYMENT STATUS
1. Employed
2. Unemployed, seeking work
3. Unemployed, not seeking work
4. Not in labor force:
   ___ homemaker   ___ student   ___ disabled

HRS EMPLOYED/WEEK:

CURRENT OCCUPATIONAL TITLE: ____________________________________________

REFERRED BY:
1. Self
2. Friend/Relative
3. Employer
4. Former VAC Client
5. TV Announcement
6. Newspaper Ad/Article
7. University of MN Campus Office
8. Educational Institution other than U of M
9. Community Social Agency
10. Private Counselor

What jobs/careers, if any, are you presently considering?

__________________________________________________________________________

__________________________________________________________________________

Briefly describe your goal(s) in coming to the Clinic?

__________________________________________________________________________

__________________________________________________________________________

COMPLETED BY COUNSELOR:
Informed Consent: N Y (date) __________________________
DOT Code for Current Occupation: _____-____-______
Counselor: __________________________ 10/95