



SEATTLE COUNSELING SERVICE  
Serving the LGBTQ community since 1969

## Application for Services

Thank you for your interest in Seattle Counseling Service. We are the oldest LGBT mental health agency in the United States, proudly serving our community and allies since 1969. SCS expanded our services to include alcohol and drug addiction in 2003.

Recently we combined our mental health and addiction intakes into one, comprehensive assessment. This new tool helps us to determine how best to support you and provide you with the appropriate kind of care.

### General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Name Preferred Name M.I. Last Name*

Person completing application: SELF  OTHER  If other, indicate relationship to applicant: \_\_\_\_\_

Are you a returning client? YES  NO  What is your date of birth? \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Type of phone? HOME  CELL  WORK  Can we leave a message? YES  NO

What is your preferred language? \_\_\_\_\_ What are your pronouns? \_\_\_\_\_

### Financial Information

Gross annual income BEFORE expenses?  
Include income of yourself and partner/s. Do not include parent or guardian income: \$ \_\_\_\_\_

Source of income: \_\_\_\_\_ Family Size? Include yourself, spouse and children if any: \_\_\_\_\_

Are you currently on Medicaid? YES  NO  If you are **NOT** on Medicaid, do you have **OTHER** insurance? YES  NO

If you have **Non-Medicaid** insurance, what is the name of the Insurance Carrier? \_\_\_\_\_

Insurance Member # \_\_\_\_\_ Insurance Group # \_\_\_\_\_

Insurance Phone # \_\_\_\_\_ Is this a Medicare Plan? YES  NO

