



### PARTICIPANT INFORMATION SHEET

**Client's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(mm / dd / yyyy)

**Contact Information:**

Parent Name: \_\_\_\_\_  
Street/City/Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**Payment Information:**

Self-Pay (\$175)  Medicaid/CHIPS Number: \_\_\_\_\_  
Medicaid/CHIPS Provider:  Amerigroup  Cooks  Traditional Medicaid  Foster Care  
 Insurance Number: \_\_\_\_\_  Aetna  BC/BS  Other

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**Current Medical/Mental Health Diagnoses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Behavioral Concerns:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**To Be Completed by Art Station Staff:**

Session Confirmed: Y N  Intake Paperwork Sent: Mail Email

Screening Information:

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