



Assessment Scheduling Form

Thank you for requesting an assessment at MnTC. To serve you best, please complete the following information and return this form to the admissions department admissions@mntc.org to facilitate an assessment.

First Name _____ Middle Initial ____ Last Name _____

Resident Address _____

Date of Birth _____ Social Security Number _____

Email Address _____

Employer _____ Full Time / Part Time

Student _____ Full Time / Part Time

Marital Status Single / Married / Separated/ Divorced / Widowed / Partner / Unknown

Race White / Black or African American / Asian / Native American / Native Hawaiian / Latino or Hispanic / Other / Declined

Telephone _____ Whose Number? _____

Can we leave a message? Yes or No

Emergency Contact _____ Emergency Phone _____

Insurance or County of Residence _____

_____ ID _____ Group _____

How did you hear about MnTC? _____

Number of people in household __ Number Kids in Household __ Religious Preference? _____

Income \$ _____ Monthly

Preferred Language _____ Preferred Means of Contact? Phone / Text / Email

Smoking Status _____

Client Signature

Date Signed