



REGISTRATION DEMOGRAPHICS
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 FIELD SERVICES DIVISION
 SFN 1191 (3-2022)

In compliance with the Federal Privacy Act of 1974, the disclosure of the social security number on this form is voluntary. They are not disclosed to the public. The numbers are used to maintain accurate files. Therefore, while voluntary disclosure is requested, failure to do so will not invalidate this application.

DEMOGRAPHICS

Admission Date	Admission Time	Social Security Number	Date of Birth	
Name			Telephone Number	
Address		City	State	ZIP Code
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Client Race/Ethnic Origin <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic, Latino <input type="checkbox"/> Asian, Pacific Islander <input type="checkbox"/> Native American, Aleutian, Eskimo <input type="checkbox"/> Other (specify):				
Education		Religion	Employment Status	
Occupation		Gender Identity		

EMERGENCY CONTACT

Name	Relationship	Telephone Number
Name	Relationship	Telephone Number

RESPONSIBLE PARTY

Name		Date of Birth	
Address		City	State ZIP Code
Relationship		Telephone Number	
Name		Date of Birth	
Address		City	State ZIP Code
Relationship		Telephone Number	

INSURANCE

Insurance Company		Policy Number	
Subscriber	Client's Relationship to Subscriber	Subscriber Date of Birth	
Insurance Company Address		City	State ZIP Code
Insurance Company		Policy Number	
Subscriber	Client's Relationship to Subscriber	Subscriber Date of Birth	
Insurance Company Address		City	State ZIP Code