



Life Skills Initial Inquiry Form

Return this form to: info@echelonservices.org or fax to 877-203-9588

City: _____ **State:** _____ **County:** _____

Name of client in need of services: _____

Address: _____

Email Address: _____

Phone Number(s): _____

Person Responsible for Payment (For invoicing):

Name: _____

Email Address: _____

Main Language Spoken: _____

Goals to work on: _____

How long will services be needed (if not sure, leave blank): _____

How many sessions a week needed? _____ **11. How many hours each session?** _____

Days and Times of interest: _____

Preferred start date (Actual start date will be based on availability): _____

Will transportation be needed: _____

Additional Information: _____

Possible Location of Sessions: ___ Home ___ Other: _____

Preferred Gender of Life Skills Worker: ___ Male ___ Female ___ No Preference

How did you hear about us?: _____

Were you working with an Echelon Services' New Client Recruiter? ___ Yes or ___ No

If Yes, put recruiter's name here: _____

****Office/Administration Use Only**

Recruiters Must Complete This Section Before Sending To Office

Recruiter's Name (If applicable): _____

Company Email Address: _____

Date Inquiry Form Submitted to Office: _____

Intake Fees: _____