



### Life Skills Initial Inquiry Form

Return this form to: [info@echelonServices.org](mailto: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:** \_\_\_\_\_

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**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:** \_\_\_\_\_