

**Frank Horton Associates, LLC
Employee Assistance Program**

Confidential Information for Our Records

Full Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Beeper/Cellular _____

Email Address: _____ Date of Birth _____

Employer _____ Job Title _____ Shift _____

Insurance Co. and Subscriber # _____

Family Emergency Contact _____ Phone _____

May we contact you at home? ___Yes ___No May we contact you at work? ___Yes ___No

May we leave a message at home? ___Yes ___No May we leave a message at work? ___Yes ___No

May we send you a satisfaction survey via email? ___Yes ___No

Please circle the appropriate information for our statistical data base

Marital Status

- A. Single
- B. Married
- C. Separated
- D. Divorced
- E. Widowed

Ethnic Origin

- A. African American
- B. Caucasian
- C. Latino
- D. Asian
- E. Other _____

Relationship to the Employee

- A. Self
- B. Spouse
- C. Child
- D. Partner
- E. Retiree
- F. Other _____

Length of Employment

- A. Less than 1 Year
- B. 2 Years or less
- C. 2-5 Years
- D. 6 - 10
- E. 11 - 15
- F. 16+
- G. N/A

Labor Grade

- A. Executive
- B. Manager/Supervisor
- C. Professional
- D. Nurse
- E. Sales
- F. Clerical
- G. Skilled
- H. N/A

Employee Status

- A. Full Time
- B. Part-time
- C. On Leave
- D. Family Member
- E. Terminated
- F. Retired

Who referred you?

- A. Self
- B. Co-Worker
- C. Family Member
- D. Supervisor Suggestion
- E. Supervisor Requirement
- F. Medical Dept.
- G. Human Resources
- H. Other _____

How did you hear about the EAP?

- A. Company Literature
- B. Medical Nurse
- C. Human Resources
- D. Seminar
- E. Supervisor
- F. Other Employee
- G. Friend/Relative
- H. Other _____

Office Use Only

___S ___I ___F

Intake Date _____

P.P. _____

J.I. Yes _____ No _____ How? _____