Branch of Life, Inc.
Billy W. Corn, LPC

CLIENT "EAP" INTAKE FORM
EMPLOYEE ASSISTANCE PROGRAM

		On EAP Policy	SS #	Gender	Age	DOB
Names:	Father					
	Mother					
	Child 1					
	Child 2					
	Child 3					
	Child 4					

Clients Address:		Home Phone	
		Cell	
		E-Mail	

EAP INFO	EAP INSURANCE PROVIDER	
	ADDRESS	
	ADDRESS	
	PHONE	
	1.AUTHORIZATION NUMBER: **2. # AUTHORIZED VISITS:** **3. DATES COVERED**	_____ _____ _____ _____

PLEASE NOTE*: *EAP insurance providers are different from your regular insurance providers. The above information normally can be acquired from your human resources department. You may be given paperwork or e-mails to forward to our office. We must have this information to provide EAP services to you or your family members. Thank you for your help in this matter.
