

CLIENT INFORMATION FORM

COUNTY CMHA: _____

SECTION 1: GENERAL INFORMATION

CLIENT NAME: _____ Social Security #: _____

Business/Entity Name: _____
(Fill in Only if different from Consumer Name)

Birthdate: _____ Gender: _____

Driver's License or State ID: _____ State of Issuance: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SECTION 2: GUARDIAN/FAMILY INFORMATION

Guardian Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

SECTION 2: CONTACT INFORMATION

AUTHORIZED REP/AGENT: _____ Phone: _____

Fax: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Complete as much of the Following Section as possible. If you are unsure of any of the information, leave the section blank and complete the IRS and Michigan Forms indicated.

The information in the Tax Information Section is crucial for the correct payment of taxes.

SECTION 3: TAX INFORMATION

Federal EIN: _____ Do NOT have EIN. Please attach IRS Form W-9.

State Unemployment No: _____ Do NOT have UIA No. Please attach MI Form 3683.

Do you have a Workers Compensation Insurance Policy: NO * YES, Please attach copy of the Declaration Page.