



## CONTACT INFORMATION

**Today's Date** \_\_\_\_\_

**Office Location:**  
1924 Clairmont Rd.  
Suite 200  
Decatur, GA 30033-3412

**Contact Information:**  
678-856-5031  
jd@youareworthy.org  
[www.youareworthy.org](http://www.youareworthy.org)

The following information is needed in order for You Are Worthy, Inc. Counseling Services to maintain contact with you in case of office closing, rescheduling, etc. If you have questions on a section leave it blank and we will discuss when we review the forms.

**Name** (Recipient of Services): \_\_\_\_\_

**Date of Birth** (Recipient of Services): \_\_\_\_\_

Referred by: \_\_\_\_\_ May I thank this person/organization:  Yes  No

Your Home street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different from home address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Your Employer Name \_\_\_\_\_

Who would you like for me to call in case of an emergency?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_