Counseling Survey **Date:**_____

Gender (Please check one)

____Male
____Female

Race (Please check one)
___White
___African American
___American Indian or Alaskan Native
___Asian
___Native Hawaiian or Other Pacific Islander
___Hispanic or Latino (of any race)
___Other

What is the age of the person receiving services?_____

Do you have a disability (a condition that impacts your mental or physical functioning?
___Yes (Please Indicate)_____
___No

Do you have transportation problems.
___Yes (Please describe)_____
___No

How did you get here today?
___Taxi
___Own Transportation
___Feet/Walk
___Public Transportation
___Family/Friend

What parish do you live in?
____Other (Please indicate parish)_____
__Lafayette
___Acadia
____St. Martin
____Vermilion