Request for Services

Coastline EAP
EMPLOYEE ASSISTANCE FROM COAST TO COAST

v1.3

Return your completed form to: Intake@coastlineeap.com

You may expect to be contacted on the business day following your submission of this form.

Phone: 1-800-445-1195 Fax: 1-401-732-3581

If you are experiencing a life threatening crisis, please call 9-1-1 for help.

Today's Date:

CLIENT INFORMATION

Client's Last Name: **Client's First Name:**

Address/P.O. Box:

City: State: Zip: County:

Preferred contact number: Cell ☐ Work ☐ Home ☐

Secondary contact number: Cell ☐ Work ☐ Home ☐

Email: **Date of Birth:** (mm/dd/yy) Gender: Female ☐ Male ☐ Non-binary ☐

Relationship Status: Single ☐ Married ☐ Partnered ☐ Divorced ☐ Separated ☐ Widowed ☐ Minor ☐

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Client's Occupation:

Client's Relationship to Covered Employee:

Self ☐ Spouse/Partner ☐ Dependent ☐ Relative ☐ Other _____

EMPLOYEE INFORMATION

Covered Employee's Name: **Date of Birth:**

Name of Employer:

Length of Service: < 6 mos ☐ 6 mos – 2 yrs ☐ 2 – 5 yrs ☐ 5 - 10 yrs ☐ 10 - 15 yrs ☐ 15 – 25 yrs ☐

Employment Status: Full-Time ☐ Part-Time ☐ Contract ☐ Temp ☐

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MISCELLANEOUS INFORMATION

Referred by: Self ☐ Co-Worker ☐ Human Resources ☐ Management ☐ Union ☐

Heard about EAP from: Co-Worker ☐ Family Member ☐ Human Resources ☐ Previous Participation ☐
Orientation/Training ☐ Promotional Material ☐ Website ☐ Supervisor/Manager ☐

Ethnic Background: African-American ☐ Asian ☐ Multi or Biracial ☐ Caucasian ☐
Hispanic/Latino ☐ Native American ☐ Other ☐

Education Level: 2 Year Degree ☐ 4 Year Degree ☐ Postgraduate Degree ☐ Some College ☐
Certification ☐ GED ☐ High School Graduate ☐ Grade K-12 ☐

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AREAS OF CONCERN

Please check all that apply:

- ☐ Alcohol (family)
- ☐ Alcohol (self)
- ☐ Anger Management
- ☐ Anxiety Career
- ☐ Childcare
- ☐ Co-Worker Relationship
- ☐ Depression
- ☐ Disability Management
- ☐ Divorce/Separation
- ☐ Domestic Violence
- ☐ Drugs (family)
- ☐ Drugs (self)
- ☐ Eating Disorder
- ☐ Eldercare/Caregiving
- ☐ Family Issues
- ☐ Financial
- ☐ FMLA
- ☐ Grief/Major Loss
- ☐ Harassment
- ☐ Housing
- ☐ Legal
- ☐ Life Coaching
- ☐ Marital/Partner Issues
- ☐ Medical/Physical
- ☐ Other Addiction (family)
- ☐ Other Addiction (self)
- ☐ Other Mental Health
- ☐ Other Relationships

Describe your primary reason for contacting Coastline EAP:

_____

_____

_____

On a scale of 1-10, how would you rate the severity of your concerns? 1 2 3 4 5 6 7 8 9 10

How long has this been a problem for you?

_____

Is there anything else you feel Coastline EAP should know before contacting you for follow up?

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