

909 South Florida Ave.
 Alamogordo, NM 88310
 Office: (575) 434-3622
 FAX: (575) 434-3530
 Crisis Hotline: 1-575-437-COPE (2673)
 www.copedv.org



1204 Mechem Drive, Suite #12
 Ruidoso, NM 88345
 Office: (575) 258-4946
 Fax: (575) 258-4949
 Toll Free Crisis Hotline:
 1-866-350-COPE (2673)

Client ID (EPICS/ARTES) _____ Agency Client Number (MIS) _____

Domestic Violence Client Intake Registration Form
Client Detail

(All fields must be completed for MIS data entry)

Registration Date: _____ Crisis Client ___ Y ___ N

Name: _____
 (first) (middle) (last)

Date of Birth: _____

Gender: _____ Male _____ Female _____ Not Specified

Ethnicity:

_____ White Non-Hispanic _____ Asian
 _____ Hispanic/Latino(a) _____ Pacific Islander/Native Hawaiian
 _____ African American _____ Other/Unknown
 _____ American Indian/Alaska Native

Client Address: _____
 (street) (city)

 (county) (state) (zip)

Phone Number: _____
 (area code) (number)

In case of emergency please call:

Name: _____
 Relationship: _____ Phone: _____
 Address: _____

How did you hear about COPE, Inc services?	
<input type="checkbox"/> Friend/relative	<input type="checkbox"/> Courts
<input type="checkbox"/> Law enforcement	<input type="checkbox"/> television
<input type="checkbox"/> Radio	<input type="checkbox"/> event/outreach booth
<input type="checkbox"/> Website	<input type="checkbox"/> other _____
<input type="checkbox"/> Medical personnel	

Your Place of Employment: _____

Your Income: _____ per week/month/year - Your Partners Income: _____ per week/month/year

Does anyone else in the home receive income yes ___ no ___ Who and How Much per month? _____

Annual Income:

_____ \$ 0.00 - \$11,880.00	_____ \$ 45,031.00 - \$ 53,310.00	_____ \$ 86,431.00 - \$ 90,570.00
_____ \$ 11,881.00 - \$ 16,020.00	_____ \$ 53,311.00 - \$ 57,450.00	_____ \$ 90,571.00 - \$ 94,710.00
_____ \$ 16,021.00 - \$ 20,160.00	_____ \$ 57,451.00 - \$ 61,590.00	_____ \$ 94,711.00 - \$ 98,850.00
_____ \$ 20,161.00 - \$ 24,300.00	_____ \$ 61,591.00 - \$ 65,730.00	_____ \$ 98,851.00 - \$ 102,990.00
_____ \$ 24,301.00 - \$28,440.00	_____ \$ 65,731.00 - \$ 69,870.00	_____ \$ 102,991.00 - \$ 107,130.00
_____ \$ 28,441.00 - \$ 32,580.00	_____ \$ 69,871.00 - \$ 74,010.00	_____ \$ 107,131.00 - \$ 111,270.00
_____ \$ 32,581.00 - \$ 36,730.00	_____ \$ 74,011.00 - \$ 78,150.00	_____ \$ 111,271.00 - \$ 115,410.00
_____ \$ 36,731.00 - \$ 40,890.00	_____ \$ 78,151.00 - \$ 82,290.00	_____ \$ 115,411.00 - \$119,550.00
_____ \$ 40,891.00 - \$ 45,030.00	_____ \$ 82,291.00 - \$ 86,430.00	_____ \$ 119,551.00 - \$123,690.00

Family Size: _____ Receiving TANF Cash Assistance: ___ yes ___ no
 Medicaid Enrolled: ___ yes ___ no Medicaid Number, if applicable: _____

