



Request for Intake Form

Application Date: _____

Received by: _____

Name: _____

Phone: _____

Cell: _____

Email: _____

How did you hear about CMHA? _____

How can CMHA assist you? _____

Are you connected to Mental Health Services? Yes ____ No ____

Do we have permission to contact your service provider (doctor, mental health worker, etc.)?

Yes ____ No ____

Signature

Date

*A staff member will be contacting you within 10 business days to arrange an intake appointment.