

Sage Center Atlanta STEP Application

Welcome to the STEP client application!

STEP offers reduced fees, on a limited basis, based on a sliding scale according to household income.

Sage Therapy and Education Partnership (STEP) is a program developed and overseen by Sage Center in which master's level counseling interns and post-master's counseling residents provide counseling and psychotherapy services under intensive supervision by an experienced Licensed Professional Counselor/Certified Professional Counselor Supervisor.

* Required

1. Name *

First and last name

2. Email *

3. Age *

4. Date of birth *

Example: December 15, 2012

5. Address *

6. Phone number *

7. Contact options *

Check all that apply.

- OK to text.
- OK to email.
- OK to call and/or leave a voicemail.

8. How did you hear about STEP? *

9. May we contact the person who referred you to thank them? If so, please provide contact information.

10. **Emergency contact name and relationship to you ***

11. **Emergency contact phone number ***

12. **Gender Identity ***

13. **Birth gender ***

Mark only one oval.

Male

Female

14. **Highest grade of school completed ***

Mark only one oval.

Some high school

High school diploma or GED

Some college

Undergraduate degree

Graduate degree

15. **Primary language ***

16. **Employer and job title ***

17. **Time at current job ***

18. **Relationship status ***

Mark only one oval.

single

married

living with significant other

separated

divorced

spouse or significant other deceased

other

19. **Gross annual family income per year ***

20. Number of people dependent on this income *

21. Household occupants *

List name, age, and relationship to you of everyone currently living in your household. Include housemates, spouse, partner, and all children. Include any different last names, and if minor is from two households.

22. Name and age of dependents not currently living with you *

23. Briefly describe, in your own words, your reason for seeking counseling services at this time *

24. Have you received counseling in the past? *

Mark only one oval.

- Yes
 No

25. If yes, please list the year(s) you attended, briefly describe the reason for seeking treatment, and describe if you felt that the treatment was helpful. *

If no, write N/A.

26. Have you ever thought of or attempted suicide? *

Mark only one oval.

- Yes
 No

27. **If yes, describe when ***

Check all that apply.

- In the past 24 hours
- In the past month
- In the past year
- Over a year ago
- No, never thought of or attempted suicide.

28. **If yes, please briefly describe ***

If no, write N/A.

29. **Have you ever been hospitalized for psychiatric reasons? ***

Mark only one oval.

- Yes
- No

30. **If yes, please briefly describe. Include where, when, and length of stay. ***

If no, write N/A.

31. **Has any member of your family ever been hospitalized for psychiatric reasons? ***

Mark only one oval.

- Yes
- No

32. **If yes, please describe their relationship to you, when, and the reason for the hospitalization ***

If no, write N/A.

33. **Have you ever had a problem with alcohol or drugs? ***

Mark only one oval.

- Yes
- No

34. If yes, please briefly describe *

If no, write N/A.

35. Are you currently or have you ever been involved in the legal system? *

Mark only one oval.

Yes

No

36. If yes, please briefly describe *

If no, write N/A.

37. Have you ever experienced any of the following *

Check all that apply.

- physical harm and/or abuse
- verbal harm and/or abuse
- emotional harm and/or abuse
- domestic violence, harm and/or abuse
- sexual harm and/or abuse
- rape
- childhood harm and/or neglect
- no, none of the above.

38. If yes, please briefly describe *

If no, write N/A.

39. Name, phone number, and address of your primary physician *

40. List any major illnesses or surgeries you've had in the past 5 years *

41. Medications you are currently taking *

Include dosage, purpose, and prescribing physician. If none, write N/A.

42. Please describe your reason for requesting a reduced fee for services. Include any extenuating circumstances you would like us to consider. *

43. Is there anything else you'd like us to know about you?

Thank you for filling out the STEP application. A Sage Center therapist will review your information and communicate with you within two business days. If you have not heard from us, please feel free to call us at 404-419-6221 or email us at info@SageCenterAtlanta.com.
