

Client Intake Request

If you are in need of services from CEC and would like to get intake paperwork and information, please fill out the form below and email it to info@cecwecare.org. If you request more information and/or have questions, please call CEC at 970-243-9539 or email info@cecwecare.org

* Required

1. First and Last Name *

2. Date of Birthday (Month/Day/Year) *

3. Contact Phone Number *

4. E-Mail Address *

5. Home of Record *

6. Who Are The Counseling Services For? *

Mark only one oval.

- Myself
- A Child or Teenager
- Family Member
- Other: _____

7. Counseling Needs *

8. Counseling Requests *

Mark only one oval.

- Male
- Female
- N/A

9. Availability *

Check all that apply.

- Monday - Thursday at Any Time
- Monday - Thursday in Mornings
- Monday - Thursday in Afternoons
- If you are in need of different scheduling options, please specify in the email to info@cecwecare.org

10. Preferred Method of Services *

Mark only one oval.

- In-Person
- Via Phone Call
- TeleHealth (Video Call)

11. Preferred Method Of Contact *

Mark only one oval.

- Phone
- Email

12. Method Of Intake Forms *

Mark only one oval.

- Email via Our Portal
- Direct Mail

This content is neither created nor endorsed by Google.

Google Forms