

River City Advocacy, Inc.
145 Landa St. New Braunfels, TX 78130
830.643.0200

Date of Acceptance _____
Approved by _____

Date of Application _____

Name _____ Phone () _____

Address _____ City _____ State _____

Zip Code _____ Gender _____ Race/Ethnicity _____

Date of Birth _____ Age _____ Marital Status _____

Employment Status (*circle one*) employed unemployed retired volunteer disabled/unable to work

Salary/Monthly Income _____ Full-time Part-time (*circle one*)

Emergency Contact _____ Phone () _____

Relationship to you _____

We ask the following questions in order to better understand your needs. Answering honestly will not prevent you from receiving services at RCA.

Criminal Background History (if any) _____

Pending Legal Issues/Court Dates _____

Substance Abuse History (if any) _____

Are you a veteran? (*circle one*) Yes No

How are you feeling today? _____

Do you have a current clinical mental health diagnosis? Do you take any medications we should be aware of?

What services are you seeking at River City Advocacy?

How did you hear about us? (*circle any that apply*)

Newspaper Website Referral Other _____

If referred, who referred you? If you have a caseworker, please give name and contact information.

Consent and Release

I acknowledge that River City Advocacy (“RCA”) does not require a diagnosis in order to receive services, and that RCA staff does not prescribe or manage medications of any kind. I understand the services provided by RCA, and hereby release volunteers and staff of RCA of any and all liability. I understand that this application does not indicate immediate acceptance into RCA programming, and a waiting period of up to 48 hours during the business week may be required to approve my application. I understand that if RCA are unable to provide me with the services I am seeking or if those services are beyond the scope of services provided by RCA, I may be referred to other service providers at the discretion of RCA. If I choose to begin counseling, I understand I will need to provide additional information to RCA and my counselor or therapist.

Consumer (print)

Parent or Guardian (print)

Consumer (signature)

Parent or Guardian (signature)

Our Mission and Vision

River City Advocacy is a 501c3 non-profit whose mission is to provide peer-based mental health recovery support systems in our community. Our vision is to advocate, educate and facilitate acceptance of mental health issues.

Our support groups are offered free of charge. Our counseling services are based on a sliding scale. For more information, please discuss this sliding scale option with a staff member.

For any and all questions related to this application and/or RCA programs and services, please contact a staff member.

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