

YOUTH DYNAMICS, INC.
APPLICATION FOR YDI SERVICES

Client's Name: _____

SSN: _____ DOB: _____ Age: _____ Sex: _____

Parent or Legal Guardian: _____

Spouse: _____

Address: _____ City _____ Zip _____

Phone Number: _____ Work Number: _____

Has the client received prior mental health services? Yes No

If so, what services were received? _____

Has the client been on medications for mental health purposes? Yes No

If so, what medications were / are taken? _____

Does the client have insurance? Yes No Does the client have Medicaid / MHSP? Yes No

Name of Company: _____ Insurance ID Number: _____

Other Method of Payment: _____

What are the client's presenting problems (*explosive behavior; physical, emotional, or sexual abuse, depression, etc*) ?

How can we help you? _____

Your service area is:

Billings / Red Lodge

2334 Lewis Ave
Billings, MT 59102
(406) 245-6539
FAX (406) 245-9647

Bozeman / Livingston

601 Nikles Dr., Ste 6
Bozeman, MT 59715
(406) 585-9402
FAX (406) 585-3452

Butte

1425 Dewey Blvd, Suite B
Butte, MT 59701
(406) 782-5389
FAX (406) 723-4909

Great Falls

2300 12th Ave S. #114
Great Falls, MT 59405
(406) 453-5592
FAX (406) 453-5594

Helena

219 N. Rodney
Helena, MT 59601
(406) 449-4908
FAX (406) 449-4918

Lame Deer

PO Box 792
Lame Deer, MT 59043
(406) 477-8967
FAX (406) 477-8968

Miles City / Glendive

PO Box 1485
Miles City, MT 59301
(406) 232-4233
FAX (406) 232-4166

Sidney

421 3rd Ave. SW
Sidney, MT 59270
(406) 488-1148
FAX (406) 488-1161

Wolf Point

200 Eureka St.
Wolf Point, MT 59201
(406) 653-3992
FAX (406) 653-3948

How did you hear about Youth Dynamics, Inc.? _____

Signature of Client / Parent / Legal Guardian

Date