

Employee Assistance Program "EAP" New Client Form



Date _____

Organization Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Title _____

Number of Employees _____

Do you have a current EAP provider? Yes No

Industry

Banking and Finance Airline Public Service

Trucking Entertainment Non-Profit

DOT Other _____

Subjects of Interest

Alcohol and Drug Abuse Domestic Violence Sexual Harassment

Post Traumatic Stress Disorder Family Concerns Cultural Competency

Other _____

Comments:

INTERNAL

Fee Schedule A B C D E

Employees 1-50 50-100 100-1000 1000-10,000 10,000 +

Annual Fee _____ Employee Rate _____

Referred by _____ Reviewed by _____