

CLIENT REGISTRATION DATA ENTRY FORM

Confidential Patient Information
See Welfare & Institutions Code: 5328

Client Registration: ____ Client Update: ____ Data Entry Initials: ____
Reporting Unit Number: ____

Client Number: ____

PLEASE Print Legibly

Screen 1

1. *Client Current Name:

Last: _____ First: _____ Middle: _____
2 Generation: ____ 3.*Birthdate: ____/____/____ 4. *Sex: ____ 5. *SSN: ____ - ____ - ____ (#,Z0,Z2, Z4)

If SS# is all 9 must complete this field

6. Cin: _____

7. * Education: ____

13. Other Factors: **Field Not Used**

18. Other ID: **Field Not Used**

8. * Disability: ____

14. Service Group: **Field Not Used**

19. Local Code: **Field Not Used**

9. Language: ____

15. Primary RU: **Field Not Used**

20. Program Code: **Field Not Used**

10.* Ethnicity: ____

16. Chart Location: **Field Not Used**

21. Research Item: **Field Not Used**

11. *Hispanic Origin: ____

17. Ref. Staff ID: **Field Not Used**

22. Enter Address: Y

12. Marital Status: ____

23. Significant Others: N

Family Size: ____

Annual Income: ____

24. Client Alias Name: (System allows multiple aliases if applicable)

Last: _____ First: _____ Middle: _____

Screen 2

25. *Client Birth Name:

Last: _____ First: _____

26. *Birth place: _____
County State

27. *Mother first name: _____

28. *Driver's License :

Number: (#/Z0/Z2/Z4): ____

29. *State (State/Z0/Z2/Z4): ____

30. SED Effective Date: **Field Not Use**

31. SED Expiration Date: **Filed Not Use**

Screen 3

32. Client Address:

Street: _____

City: _____ State: _____ Zip Code + 4: _____ + _____ *CalOMS Zip Code: _____

Telephone Number: (____) _____ - _____ Ext. _____

33. Client Significant Others Screen

Name Last: _____ First: _____ Effective Date: ____ / ____ / _____

Relationship to Client: _____ Expiration Date: ____ / ____ / _____

Home Phone: (____) _____ - _____ Ext: _____

Work Phone: (____) _____ - _____ Ext: _____

Emergency Contact

Client's Guardian

Family Member

Don't Display on Rpts

Primary Caregiver

Highlighted Fields are mandatory.

*CalOMS Collected Data

Z0 = Client Declines to State Z1 = Not Sure/Don't Know Z2 = Not Applicable Z3 = Other Z4 = Client Unable to Answer

CLIENT REGISTRATION

Item 4 – Sex

F	Female	M	Male	U	Unknown
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Item 7 – Education: Enter in the number indicating the **highest grade** completed. If the highest grade is greater than 20, enter "20", enter Z0 if the client declines to state or Z4 if the client is unable to answer.

00	None	Z0	Client Declined to state
01-20	Grade Levels	Z4	Client Unable to Answer

Item 8 - Physical Disability

Section 503 of the Federal Rehabilitation Act of 1973 defines "disability" as a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of such an impairment, or being regarded as having such an impairment.

Circle and add the number codes to create the sum of all of the client's physical disabilities, as stated by the client, and enter the total in this field.

00	None	08	Physical Impairment/ Mobility	Z0	Client Declined to State
01	Severe Visual Impairment	16	Developmentally Disabled	Z4	Client Unable to Answer
02	Severe Hearing Impairment	32	Other Physical Impairment		
04	Speech Impairment	64	Mental		

Item 9 - Preferred Language: Enter the **code** which best represents the client's preferred language, that is, the language the client would prefer to speak, as reported by the client.

A	English	H	Cambodian
B	Spanish	I	Sign ASL
C	Chinese Dialect	J	Other
D	Japanese		
E	Filipino Dialect		
F	Vietnamese		
G	Laotian		

Item 10 - Ethnicity

A	White	G	Laotian	L	Other	U	Guamanian
B	Black	H	Cambodian	M	Unknown	T	Hawaiian
C	Native American	I	Japanese	X	Mixed Race	Q	Korean
E	Chinese	J	Filipino	O	Alaskan Native	R	Samoan
F	Vietnamese	K	Other Asian	S	Asian Indian	N	Other South East Asian

Item 11 - Hispanic Origin: Enter the appropriate number from the Hispanic origin **codes** listed below to indicate the client's Hispanic background as identified by the client.

1	Non-Hispanic	4	Puerto Rican
2	Mexican/ Mexican American	5	Other Latino
3	Cuban	6	Other Hispanic

Item 12- Marital Status: (NOTE) Code 1, Never married is used for a single person who does not live with girlfriend/boyfriend and has never been married.

1	Never Married	3	Widowed	5	Separated
2	Married/ Live Together	4	Divorced/ Dissolved	9	Unknown

Item 25 – Client Birth Name

Enter the name given at birth.

Item 26 – Birth Place

Enter the County / State of birth. Refer to County/State tables or the CalOMS Data Collection guide. Z3 is to be enter in as County field if the client was NOT born in California and in the State field if the client was NOT born in one of the 50 states or DC.

Item 27 – Mother's First Name

Enter Mother's first name. If the mother first name is unknown enter "Mother".

Item 28 – DL (Driver's License)

Enter Driver's License and the State that issued the license.

Item 32 - Home Address

Enter the client's **home address** with **Zip Code +4**. If the client is homeless, enter **Homeless** as the street name and enter the **Zip Code +4** for the **City Hall** of the city where the client indicates they most often sleep (in shelter or on the street).

Item 33 - Significant Other: Enter the **name, relationship, telephone number,** and **address,** of any person(s) who have an important relationship with the client. The relationships currently defined are:

Father	Husband	Relative	Friend	Therapist	Psych
Mother	Wife	Guardian	Partner	MD	Probation Officer
Son	Brother	Conservator	Employer	Physician	Parole Officer
Daughter	Sister	Attorney	Minister	Board Care	Other

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