

(Print Legibly)

Data Entry Initials

CLIENT EPISODE SUMMARY

Confidential Patient Information
 See Welfare & Institution Code 5328

1 Client Number:

2 Reporting Unit #:

Client Name: Last _____ First _____ MI: _____

OPENING	
Screen 1	
<p>3 Admit Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center; margin-left: 20px;">Month Day Year</p> <p>4 Staff #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Staff Name: _____</p> <p>5 Axis I: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> II: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>6 Referred From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>7 Admission Status: <input type="checkbox"/></p> <p>8 Initial Admission (Y/N): <input type="checkbox"/></p> <p style="font-size: small; margin-top: 10px;">CDC # (#/Z0/Z1/Z2/Z4) Veteran (Y/N/Z0/Z4) Medi-Cal Eligible (Y/N/Z4) CalWORKs Recipient (Y/N/Z1) CalWORKs Plan includes AOD Treatment (Y/N/Z1)</p> <p>15 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="font-size: small; margin-left: 20px;">1 2 3 4 5 6 10 17 22 23</p> <p style="font-size: x-small;">Refer to #14 on the reverse side and the CalOMS Data Collection Guide for further information</p>	<p>9 Admission Legal Status: <input type="text"/> <input type="text"/></p> <p>10 Admission Employment Status: <input type="text"/> <input type="text"/></p> <p>11 Client Pregnant at Admission (Y/N/Z1) <input type="text"/> <input type="text"/></p> <p>12 Current Living Situation (Homeless at Admission): <input type="checkbox"/></p> <p>13 Arrests in Last 24 Months (0-99): <input type="text"/> <input type="text"/></p> <p>14 Special Contract County /Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

CLIENT EPISODE - OPENING

Item 12 – Current Living Situation

1 Homeless	2 Dependent Living	3 Independent Living
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The following definitions should be used in completing Item 12 – Current Living Situation episode data for Alcohol & Drug providers:

1	Homeless.	Individuals should be considered homeless if their primary place of residence over the past week and at the day of intake/exit could be described as a: 1) Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus-train/subway station/airport or anywhere outside); 2) Emergency shelter; 3) Persons fleeing domestic violence; 4) Eviction within 14 days from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; 5) Institution or treatment facility (<u>for less than 90 days, on the streets or in a shelter prior to that, and he/she lacks the resources and support networks needed to obtain housing</u>); 6) Fleeing a domestic violence situation; 7) Living in someone else’s housing without the resources to obtain other housing AND have been notified that the arrangement is short-term (less than 14 days); 8) Unaccompanied youth or families with children/youth who have moved at least twice in the past 60 days and remain unstably housed.
2	Dependent living.	Individuals who are housed but are not contributing to the cost of where they are living in any way. This category could include individuals currently staying in residential or treatment programs, living with relatives, incarcerated, hospitalized, or in other situations where they are not paying for room and board.
3	Independent living.	Individuals who are housed and pay rent or otherwise contribute financially to the cost of the home/apartment, e.g., own their home, rent and live alone, living with roommates, some sober living, etc.

If you have questions about how to categorize a client’s current living situation, please contact the Housing Services Office at (510) 777-2112; E-mail: everyonehome@acbhcs.org