

CLIENT REGISTRATION

Confidential Patient Information
See Welfare & Institutions Code: 5328

Reporting Unit Number: _____

Client Number: _____

PLEASE Print Legibly

CLIENT NAME:

(*) Last Name: _____ (*) First: _____ Middle: _____

Generation: (*) Birth Date: ____ / ____ / ____ (*) Sex: _____ (*) SSN: _____ - _____ - _____

(*) CIN: _____

- 1: (*) (**) Education: _____ 9: Other Factors: ~~FIELD NOT USED~~ 15: Other ID: ~~FIELD NOT USED~~
- 2: Disability: _____ 10: Service Group: ~~FIELD NOT USED~~ 16: Local Code: ~~FIELD NOT USED~~
- 3: (*) Primary Lang: ____ (*) Preferred Lang: ____ 11: Primary RU: ~~FIELD NOT USED~~ 17: Program Code: ~~FIELD NOT USED~~
- 4: (*) Ethnicity/Race: _____ 12: Chart Location: ~~FIELD NOT USED~~ 18: Research Item: ~~FIELD NOT USED~~
- 5: (*) Hispanic Origin: _____ 13: Ref. Staff ID: ~~FIELD NOT USED~~ 19: **Veterans Status** _____
- 6: Marital Status: _____ 14: (*) (**) Care Giver Under 18: _____ Over 18: _____
- 7: Family Size: ~~FIELD NOT USED~~ 20: Enter Address: **Y** or **N**
- 8: Annual Income: ~~FIELD NOT USED~~ 21: Significant Others: **Y** or **N**

Aliases Name: (Systems allows multiple alias if applicable)

22: Last Name: _____ First: _____ Middle: _____

(*) Client Birth Name:

23: Last Name: _____ First: _____ Middle: _____

24: Generation: 25: Birth Place: - -

26: Mother's first name:

29: Client Address:

Street Number: _____ City: _____

Direction: _____ State: _____ Zip Code: _____ + _____

Street Name: _____

Type: _____ Phone Number: (_____) _____ - _____ Ext: _____

Apartment: _____ 31: Census Tract: ~~FIELD NOT USED~~

30: County of Responsibility: (only use if directed) _____

32: Significant Other: (if applicable)

Last Name: _____ First Name: _____ Eff. Date: ____ / ____ / _____

Relationship to Client: _____ Phone: (_____) _____ - _____ Exp. Date: ____ / ____ / _____

Address: _____ City/State: _____ Zip Code: _____

The intake worker signs and dates the form

Completed by: _____ Date: _____

Highlighted fields are mandatory.

(*) Fields are required for CSI data collection.

(**) CSI Periodic data must be entered on the CSI Periodic Screen in ADDITION to Client Registration Screen.

CLIENT REGISTRATION CODES

1: **Education** - Enter in the number indicating the **highest grade** completed. If the highest grade is greater than 20, enter “20”, if the highest grade is unknown then enter “99”.

2: **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 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	04	Speech Impairment	32	Other Physical Impairment
01	Severe Visual Impairment	08	Physical Impairment/Mobility	99	Unknown
02	Severe Hearing Impairment	16	Developmentally Disabled		

3: Primary Language & Preferred Language

A	English	H	Cambodian	O	Italian	V	Mandarin	1	Thai
B	Spanish	I	Sign ASL	P	Mien	W	Portuguese	2	Farsi
C	Chinese Dialect	J	Other Non-English	Q	Hmong	X	Armenian	3	Other Sign
D	Japanese	K	Korean	R	Turkish	Y	Arabic	4	Other Chinese Dialects
E	Filipino Dialect	L	Russian	S	Hebrew	Z	Samoan	5	Ilocano
F	Vietnamese	M	Polish	T	French				
G	Laotian	N	German	U	Cantonese				

4: **Ethnicity/Race**– Enter up to **FIVE codes** which best represent the client’s ethnic group(s) as identified by the client.

A	White	G	Laotian	L	Other Non-White	Q	Korean	W	Mien
B	Black	H	Cambodian	M	Unknown	R	Samoan		
C	Native American	I	Japanese	N	Other Southeast Asian	S	Asian Indian		
E	Chinese	J	Filipino	O	Hmong	T	Hawaiian Native		
F	Vietnamese	K	Other Asian	P	Other Pacific Islander	U	Guamanian		

5: Hispanic Origin

1	Not Hispanic	5	Other Latino	N	Nicaraguan
2	Mexican/Mexican American	G	Guatemalan	S	Salvadoran
4	Puerto Rican	M	South American	U	Unknown/Not Reported

6: **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

14: **Care Giver**- Enter the number of persons the client cares for or is responsible for at least 50% of the time, under the age of 18 and over the age of 18.

00	None	1-98	Number of Persons	99	Unknown
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19: Veteran Status

1	Yes	2	No	3	Declined to answer
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22: **Aliases Last name** - If the client has ever used a different name, type that information here. Systems allows multiple aliases if applicable

29: **Client 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 a shelter or on the street).

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

Father	Husband	Relative	Friend	Therapist	Prob Ofr
Mother	Wife	Guardian	Partner	Physician	Parole Ofr
Son	Brother	Conservatr	Employer	Board Care	Other
Daughter	Sister	Attorney	Minister	Psych	