Alameda County Behavioral Health Care Services
Mental Health Division

# CLIENT REGISTRATION
Confidential Patient Information
See Welfare & Institutions Code: 5328

Client Registration: _____   Client Update: _____   Data Entry Initials: _____

Reporting Unit Number: __ __ __ __ __ __

Client Number: __ __ __ __ __ __ __

## PLEASE Print Legibly

**CLIENT NAME:**

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

Generation: [Ex: Jr. Sr. II] __ __ __ __   (*) Birth Date: ____ / ____ / _____   (*) Sex: _____   (*) SSN: __ __ __ - __ __ - __ __ __ __

(*) CIN: __ __ __ __ __ __ __ __ __

1: (*) (**) Education: __ __

2: Disability: __ __ __

3: (*) Primary Lang: __   (*) Preferred Lang: __

4: (*) Ethnicity/Race: __ __ __ __ __

5: (*) Hispanic Origin: __

6: Marital Status: __

7: Family Size: **FIELD NOT USED**

8: Annual Income: **FIELD NOT USED**

9: Other Factors: **FIELD NOT USED**

10: Service Group: **FIELD NOT USED**

11: Primary RU: **FIELD NOT USED**

12: Chart Location: **FIELD NOT USED**

13: Ref. Staff ID: **FIELD NOT USED**

14: (*) (**) Care Giver  Under 18: __ __   Over 18: __ __

15: Other ID: **FIELD NOT USED**

16: Local Code: **FIELD NOT USED**

17: Program Code: **FIELD NOT USED**

18: Research Item: **FIELD NOT USED**

19: **Veterans Status** ___

20: Enter Address: **Y** or **N**

21: Significant Others: **Y** or **N**

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**Aliases Name**: (Systems allows multiple alias if applicable)

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

## (*) Client Birth Name:

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

24: Generation: [Ex: Jr, Sr, II] __ __   25: Birth Place: [County] - [State] - [Country]

26: Mother's first name: _ [Enter "UNKN" if unknown]

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.**

### 3RD PAGE REQUIERED FOR SPECIFIC USERS

# 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 |
|----|------|------|-------------------|----|---------|

19: **Veteran Status**

| 1 | Yes | 2 | No | 3 | Declined to answer |
|---|-----|---|----|----|--------------------|

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 | Probation Officer |
|--------|---------|----------|--------|-----------|-------------------|
| Mother | Wife | Guardian | Partner | MD / Physician | Parole Officer |
| Son | Brother | Conservator | Employer | Board Care | Other |
| Daughter | Sister | Attorney | Minister | Psych | |