Alameda County Behavioral Health Care
Mental Health Services

CLIENT HealthPAC SUMMARY
CLIENT REGISTRATION

Confidential Patient Information
See Welfare & Institution Code 5328

(Print Legibly)

☐1 Client Number: ☐☐☐☐☐☐☐☐☐

☐2 Reporting Unit #: ☐☐☐☐☐

Client Name: Last _____ First _____ MI: _____

HealthPAC - ONLY

☐1 Medi-Cal Screen Date: ☐☐ ☐☐ ☐☐☐☐
  M M D D Y Y Y Y

☐2 LPR Date Entered: ☐☐ ☐☐ ☐☐☐☐
  M M D D Y Y Y Y

☐3 HPAC Legal Status (C/L/N): ☐

☐4 Status Verified: (Y/N): ☐

☐5 HPAC Monthly Income: $☐☐☐☐☐

☐6 HPAC Family Size: ☐☐

☐7 HPAC Mother's Maiden Name: _____

☐8 HPAC Health Home:_____

☐9 HPAC Start Date: ☐☐ ☐☐ ☐☐☐☐
  M M D D Y Y Y Y

☐10 HPAC End Date: ☐☐ ☐☐ ☐☐☐☐
  M M D D Y Y Y Y

NOTE: ALL FIELDS MUST BE ENTERED IN UPPER CASE!!!

1. **Medi-Cal Screen Date:** Enter the date you screened the client for Medi-Cal using the BHCS Medi-Cal Screening Tool. Please enter it in the MM/DD/YYYY format.

2. **LPR Date Enterd:** If the client is a Legal Permanent Resident (LPR), enter the date that the client entered the United States.

3. **HPAC Legal Status**: Enter 'C' if the client is a citizen; or "L" if the client is a legal permanent resident and living in the US for at least five years. Otherwise, enter "N" . **NOTE: This does not necessarily mean the client is undocumented.** The 'N' will also include documented people who do not meet the above criteria *(e.g. People with work visas, student visas, and LPR's who resided in the US less than five years.)*

4. **Status Verified:** This field is a read-only field. If this field already says yes, it means that client's legal status has already been verified. If it is blank, then please collect verification of legal status and identity from the client.

5. **HPAC Monthly Income:** Enter the client's Monthly Income.

6. **HPAC Family Size:** Enter the number of dependent family members that the client's monthly income supports (Minimum of 1). This number will help us determine the client's percentage of poverty.

7. **HPAC Mother's Maiden:** Enter client's mother's maiden name.

8. **HPAC Health Home:** Allow clients to select their desired Health Home.

9. **HPAC Start Date:** Enter the date you are registering client for HealthPAC in MM/DD/YYYY format. **(NOTE: ALWAYS ENTER LEADING ZEROS – 01/01/2011).**

10. **HPAC End Date:** Enter a date one year from the HPAC Start Date in MM/DD/YYYY format.

NOTE: ALL FIELDS MUST BE ENTERED IN UPPER CASE!!!

Completed by _____ Date _____

10/19/11