

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

Screen 1

CLIENT NAME:

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

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

(*) CIN: _____

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|----------------------------------------------------|------------------------------------------------------|----------------------------------------------|
| 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: <u>Y</u> or <u>N</u> |
| 8: Annual Income: FIELD NOT USED | | 21: Significant Others: <u>Y</u> or <u>N</u> |

Aliases Name: (Systems allows multiple alias if applicable)

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

Screen 2

(*) Client Birth Name:

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

24: Generation: 25: Birth Place: - -

26: Mother's first name:

Screen 3

Client Preferred Name (if different than name of record, i.e. M/C):

27: Preferred Last Name: _____

Preferred First Name: _____ Preferred Middle Name: _____

Client Sexual Orientation/Gender Identity Info:

28: Sex Assigned at Birth: ____ 31: Current Gender Identity: _____

29: Personal (or preferred) Pronoun: ____

30: Sexual Orientation: _____

Santa Rita Booking Info (data fields for Santa Rita/Forensic Unit staff only):

32: Booking First Name: _____

33: Booking Last Name: _____

34: PFN # _____

35: SRMR # _____

Child & Youth ONLY Info (data fields for Child and Youth staff only):

36: Child Welfare: ___ (Y=yes / N=no)

37: Juvenile Prob: ___ (Y=yes / N=no)

Presumptive Transfer or Waivered Presumptive Transfer Info (data fields for Presumptive Transfer staff only):

38: OOC Foster: ___

41: ALCO Foster: _____

39: OOC From County: _____

42: ALCO To County: _____

40: OOC Effective Date: __/__/____ (mm/dd/yyyy)

43: ALCO Effective Date: __/__/____ (mm/dd/yyyy)

Screen 4

44: **Primary Care Physician Info: Display only fields**

PCP First Name:

PCP Last Name:

PCP NPI:

PCP Clinic Name:

PCP Telephone #:

Last PCP Visit Date:

OEA Member ID:

Client Category:

45: ERMHS Client: ___ (Y=yes / N=no) Eff Date: __/__/____ (mm/dd/yyyy) Exp Date: __/__/____ (mm/dd/yyyy)

46: Therapeutic Foster Care: ___ (Y=yes / N=no) Eff Date: __/__/____ (mm/dd/yyyy) Exp Date: __/__/____ (mm/dd/yyyy)

47: Prop47: ___ (Y=yes / N=no) Eff Date: __/__/____ (mm/dd/yyyy) Exp Date: __/__/____ (mm/dd/yyyy)
(Has the client been arrested?)

Client Info: Display only field as mm/dd/yyyy

48: Client Date of Death:

Client Address Screen

49: **Client Address:**

Street Number: _____

City: _____

Direction: _____

State: _____ Zip Code: _____ + _____

Street Name: _____

Type: _____

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

Apartment: _____

51: Census Tract: **FIELD NOT USED**

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

Significant Other Screen

52: **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	I	Sign ASL	Q	Hmong	Y	Arabic	1	Thai
B	Spanish	J	Other Non-English	R	Turkish	Z	Samoan	2	Farsi
C	Chinese Dialect	K	Korean	S	Hebrew			3	Other Sign
D	Japanese	L	Russian	T	French			4	Other Chinese Dialects
E	Filipino Dialect	M	Polish	U	Cantonese			5	Ilocano
F	Vietnamese	N	German	V	Mandarin			6	Hindi
G	Laotian	O	Italian	W	Portuguese			7	Pashto
H	Cambodian	P	Mien	X	Armenian			8	Punjabi

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

28: **Sex Assigned at Birth** – Enter ONE value that applies

1	Male	2	Female	3	Other
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29: **Personal (or preferred) Pronoun - What is your Pronoun - Personal or preferred Pronoun?** – Enter up to FIVE codes which best represent the client's Personal (or preferred) Pronoun as identified by the client.

1	He/Him	3	They/Them	5	Prefer Not To Answer
2	She/Her	4	Other Pronoun	U	Unknown

30: **Sexual Orientation** – Enter up to NINE codes which best represent the client's Sexual Orientation as identified by the client.

1	Heterosexual/Straight	4	Bisexual	7	Other Additional Sexual Orientation
2	Gay	5	Queer	8	Prefer Not To Answer
3	Lesbian	6	Questioning	U	Unknown

31: **Current Gender Identity** – Enter up to NINE codes which best represent the client's Current Gender Identity as identified by the client.

1	Male	5	Transgender: Male to Female / Transgender Female/Trans Woman	9	Prefer Not To Answer
2	Female	6	Transgender: Female to Male / Transgender Male/Trans Man	U	Unknown
3	Intersex	7	Gender non-conforming		
4	Gender Queer (not exclusively male or female)	8	Other Additional Gender Category		

49: **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).

52: **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	