

CLIENT REGISTRATION

DATA ENTRY FORM

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:

1. * **Last:** _____ ***First:** _____ Middle: _____

2. Generation: ____ 3. ***Birthdate:** ____/____/____ 4. ***Sex:** ____ 5. ***SSN:** ____ - ____ - ____ (**#,Z0,Z2, Z4**) ____

6. Cin: _____

If SS# is all 9 must complete this field

7. * **Education:** _____

13. Other Factors: **Field Not Used**

18. Other ID: **Field Not Used**

8. * **Disability:** _____

14. Service Group: **Field Not Used**

19. Local Code: **Field Not Used**

9. **Language:** _____

15. Primary RU: **Field Not Used**

20. Program Code: **Field Not Used**

10. * **Ethnicity:** _____

16. Chart Location: **Field Not Used**

21. Research Item: **Field Not Used**

11. * **Hispanic Origin:** _____

17. Ref. Staff ID: **Field Not Used**

22. Enter Address: **Y** or **N**

12. **Marital Status:** _____

23. Significant Others: **Y** or **N**

Family Size: _____

Annual Income: _____

Aliases Name: (Systems allows multiple alias if applicable)

24. Last: _____ First: _____ Middle: _____

Screen 2

*Client Birth Name:

25. **Last Name:** _____ **First Name:** _____

26. ***Birth place:** _____ **27. *Mother's first name:** _____
County State

If unknown, enter "Mother".

28. ***Driver's License :**
Number: (#/Z0/Z2/Z4): _____

29. ***State (State/Z0/Z2/Z4):** _____

30. SED Effective Date: **Field Not Use**

31. SED Expiration Date: **Filed Not Use**

Screen 3

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

32. Preferred Last Name: _____

Preferred First Name: _____

Preferred Middle Name: _____

Client Sexual Orientation/Gender Identity Info:

33. **Sex Assigned at Birth:** ____ 36. **Current Gender Identity:** ____

34. **Personal (or preferred) Pronoun:** ____

35. **Sexual Orientation:** ____

Client Category:

37. Prop47: ____ (Y=yes/N=no)
(Has the client been arrested?)

Prop47 Date ID: **MM/DD/YYYY**

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

38. Client Date of Death:

Client Address Screen

39. Client Address:

Street Number: _____

City: _____

Direction: _____

State: _____

Zip Code + 4: _____ + _____

Street Name: _____

*CalOMS Zip Code: _____

Type: _____

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

Apartment: _____

40. County of Responsibility: (only use if directed) _____

Significant Other Screen

41. 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 CalOMS data collection.

(**) SUD/ODS Waiver

Z0 = Client Declines to State Z1 = Not Sure/Don't Know Z2 = Not Applicable Z3 = Other Z4 = Client Unable to Answer

Only allowed for developmentally disabled clients that are unable to answer or detox programs.

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Item 4 – Sex

F	Female	M	Male	U	Unknown
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Item 7 – Education: Enter in the number indicating the **highest grade** completed. If the highest grade is greater than 20, enter "20", enter Z0 if the client declines to state or Z4 if the client is unable to answer.

00	None	Z0	Client Declined to state
01-20	Grade Levels	Z4	Client Unable to Answer

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 an impairment, or being regarded as having such an impairment.

Item 8 - Physical Disability

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	08	Physical Impairment/ Mobility	Z0	Client Declined to State
01	Severe Visual Impairment	16	Developmentally Disabled	Z4	Client Unable to Answer
02	Severe Hearing Impairment	32	Other Physical Impairment		
04	Speech Impairment	64	Mental		

Item 9 - Preferred Language: Enter the **code** which best represents the client's preferred language, that is, the language the client would prefer to speak, as reported by the client.

A	English	H	Cambodian
B	Spanish	I	Sign ASL
C	Chinese Dialect	J	Other
D	Japanese		
E	Filipino Dialect		
F	Vietnamese		
G	Laotian		

Item 10 - Ethnicity – 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	R	Samoan
B	Black	H	Cambodian	M	Unknown	S	Asian Indian
C	Native American	I	Japanese	N	Other Southeast Asian	T	Hawaiian
E	Chinese	J	Filipino	O	Alaska Native	U	Guamanian
F	Vietnamese	K	Other Asian	Q	Korean		

Item 11 - Hispanic Origin: Enter the appropriate number from the Hispanic origin **codes** listed below to indicate the client's Hispanic background as identified by the client.

1	Non-Hispanic	4	Puerto Rican
2	Mexican/ Mexican American	5	Other Latino
3	Cuban	6	Other Hispanic

Item 12- 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

Item 25 – Client Birth Name

Enter the name given at birth.

Item 26 – Birth Place

Enter the County / State of birth. Refer to County/State tables or the CalOMS Data Collection guide. Z3 is to be enter in as County field if the client was NOT born in California and in the State field if the client was NOT born in one of the 50 states or DC.

Item 27 – Mother's First Name

Enter Mother's first name. If the mother first name is unknown enter "Mother".

Item 28 – DL (Driver's License)

Enter Driver's License and the State that issued the license.

Item 33 - Sex Assigned at Birth: – Enter ONE value that applies

1	Male	2	Female	3	Other
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Item 34 - 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

Item 35 - 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

Item 36 - 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		

Item 37 – Prop47: Any client that has been arrested

Item 39 - Home 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 shelter or on the street).

Item 41 - Significant Other: Enter the **name, relationship, telephone number, and address**, of any person(s) who have an important relationship with the client. The relationships currently defined are:

Father	Husband	Relative	Friend	Therapist	Psych
Mother	Wife	Guardian	Partner	MD	Probation Officer
Son	Brother	Conservator	Employer	Physician	Parole Officer
Daughter	Sister	Attorney	Minister	Board Care	Other

Updated (1/2021)