

CYF mHOMS CLIENT INFORMATION SHEET

Version: 07/2020

CCBH CLIENT ID NUMBER

CCBH INTAKE DATE

 / /

CLIENT'S LAST NAME

FIRST NAME

M.I.

CLIENT DATE OF BIRTH

 / /

CLIENT GENDER

 Female Male Other Unknown / Not Declared

CLIENT INDEX NUMBER (CIN): CHOOSE ONE

 CIN available [1]

 Pending CIN (Access to CIN currently unavailable) [2]

 N/A (Client does not or will never have a CIN) [3]

IS CLIENT HISPANIC / LATINO?

 Yes No Unknown / Unreported

CLIENT RACE (Select all that apply):

<input type="checkbox"/> 1 = White or Caucasian	<input type="checkbox"/> J = Japanese	<input type="checkbox"/> R = Guamanian
<input type="checkbox"/> 3 = Black or African American	<input type="checkbox"/> K = Korean	<input type="checkbox"/> S = Mien
<input type="checkbox"/> 5 = American Indian or Alaska Native	<input type="checkbox"/> L = Other Pacific Islander	<input type="checkbox"/> T = Laotian
<input type="checkbox"/> 7 = Filipino	<input type="checkbox"/> M = Samoan	<input type="checkbox"/> V = Vietnamese
<input type="checkbox"/> C = Chinese	<input type="checkbox"/> N = Asian Indian	<input type="checkbox"/> 8 = Other
<input type="checkbox"/> H = Cambodian	<input type="checkbox"/> O = Other Asian	<input type="checkbox"/> 9 = Unknown / Not Reported
<input type="checkbox"/> I = Hmong	<input type="checkbox"/> P = Native Hawaiian	

UNIT

SUBUNIT

CLINICIAN/ STAFF ID

CCBH DISCHARGE DATE

 / /

DATE OF CURRENT ASSESSMENT

 / /

ASSESSMENT TYPE

 Initial [1]
 Reassessment [2]
 Discharge [4]

CLIENT PLAN GOALS MET?

DISCHARGE REASON

DISCHARGE DESTINATION

CAREGIVER AVAILABLE TO CLIENT?

 Yes No

CANS - EC / SD - CANS

 Completed [1]
 Follow-up CANS done w/in last 60 days [2]
 In services less than 60 days* [3]
 Youth Age (under 6 or over 21)* [6]
 Exception - County Approved Only [10]
 Other Reason (Specify): [7]

PSC PARENT

 Completed [1]
 Follow-up PSC done w/in last 60 days [2]
 In services less than 60 days* [3]
 No Contact with Family [4]
 Refused [5]
 Youth Age (under 3 or over 18)* [6]
 Exception - County Approved Only [10]
 Other Reason (Specify): [7]

PSC YOUTH

 Completed [1]
 Follow-up PSC done w/in last 60 days [2]
 In services less than 60 days* [3]
 No Contact with Family [4]
 Refused [5]
 Youth Age (under 11 or over 18)* [6]
 Youth Unavailable [8]
 Exception - County Approved Only [10]
 Other Reason (Specify): [7]

**Excluded from compliance calculations*