**Client Name:** **Case #:**       **Program Name:**

**Effective Date:** **Admission Status:**  [ ]  Pre-Registered [ ]  Registered [ ]  Admit

**CLIENT IDENTIFYING INFORMATION:**

**HIM Staff Only (***HIM Staff to indicate deceased***):** [ ]  Deceased Date of Death:

|  |  |  |
| --- | --- | --- |
| **\*Birth Date**:       |  | [ ]  Estimated  |
|  | Last Name:       | First Name:       |
|  | Middle Name:      | Suffix:      |
| **Birth Name** (if different from above): |
|  | Last Name:      | First Name:       |
|  | Middle Name:       | Suffix:      |
| **Physical Address:** |
|  | Street Address:       |
|  | City/State/Zip:       | County:       |
|  | Home Phone:       \*OK to call home?: [ ]  Yes [ ]  No |
|  | Work Phone:      | Ext:      | Cell Phone:      |
| **Mailing Address:**   |
|  | Street Address:       |
|  | City/State/Zip:       | County:       |
| **Social Security #:**       | \*[ ]  Declines or [ ]  Unable to provide Social Security # |
| **\*Gender:** [ ]  M-Male [ ]  F-Female [ ]  O-Other [ ]  U-Unknown  |
| \*Currently Pregnant or Post Partum? [ ]  Pregnant [ ]  Post Partum up to 12 mos. [ ]  Unknown [ ]  Not Pregnant |
| **\*Birth Date**:       [ ]  Actual [ ]  Estimated  |
| **Born in US:** [ ]  Yes [ ]  No | If No, Country where born: |       |
| **Born in California:** | [ ] Yes If Yes, County where born:  |       | [ ]  No If No, State where born: |       |
|  |  |  |  |  |
| **Client Marital Status** (Select one only): |
| [ ]  1-Never Married [ ]  2-Married [ ]  4-Divorced [ ]  7-Domestic Partner [ ]  5-Separated [ ]  3-Widowed [ ]  6-Unknown |
| **Ethnicity** (select one only): |
| [ ]  1-Not Hispanic [ ]  2-Hispanic – Mexican American/Chicano [ ]  3-Hispanic – Cuban [ ]  4-Hispanic – Puerto Rican[ ]  6-Hispanic – Dominican [ ]  7-Hispanic – Salvadoran [ ]  5-Hispanic – Other/Latino [ ]  9-Unknown/Not Reported |
| **Race** Rank 1 to 5 as needed with 1 being primary: |
|           | A-White/CaucasianB-Black/African AmericanC-CambodianD-ChineseE-Eskimo/Alaskan Native F-FilipinoG-GuamanianH-Hawaiian NativeI-Asian Indian |           | J-JapaneseK-KoreanL-LaotianM-MienN-Native AmericanO-Other Non-White/ Non-CaucasianP-Other Pacific IslanderQ-HmongR-Other Asian |           | S-SamoanT-SudaneseU-ChaldeanV-VietnameseW-EthiopianX-SomaliY-IranianZ-Iraqi9-Unknown/Not Reported |
| **Language** (Complete both client languages. If there is a caretaker, complete caretaker language) |
| Client Primary:       | Client Preferred: |       | Caretaker Preferred:       |
| Interpreter Needed? [ ]  Yes [ ]  No (If either preferred language is other than English, an interpreter is needed) |
| **Employment Status** (Check only one value. Starting with “A” check the first one that applies to client):  |
| [ ]  A-Comp Job 35+ hrs per week[ ]  B-Comp Job 20-34 hrs per week[ ]  C-Comp Job < 20 hrs per wk[ ]  D-Rehab 35+ hrs per wk[ ]  E-Rehab 20-34 hrs per wk [ ]  F-Rehab < 20 hrs per wk | [ ]  G-Full Time Job Training [ ]  H-Part time Job Training [ ]  I-Full Time Student[ ]  J-Part Time Student[ ]  K-Volunteer[ ]  L-Homemaker | [ ]  M-Retired [ ]  N-Unemployed/Seeking Work[ ]  O-Unemployed/Not Seeking Work [ ]  P-Not in the Labor Force[ ]  Q-Resident/Inmate[ ]  U-Unknown  |
| **Living Arrangement** (Check only one value from the list below): |
| [ ]  A-House or Apartment[ ]  B-House or Apt with Support[ ]  C-House or Apt with Daily Supervision Independent Living Facility[ ]  D-Other Supported Housing Program[ ]  E-Board & Care – Adult [ ]  F-Residential Tx/Crisis Ctr – Adult[ ] G-Substance Abuse Residential Rehab Ctr  | [ ]  I-MH Rehab Ctr (Adult Locked)[ ]  J-SNF/ICF/IMD[ ]  K-Inpatient Psych Hospital[ ]  L-State Hospital[ ]  M-Correctional Facility [ ]  N-Residential Tx Ctr-Child STRTP [ ]  O-Other [ ]  R-Foster Home-Child | [ ]  S-Group Home-Child (Level 1-12)[ ]  T-Residential Tx Ctr-Child (Level 13-14)[ ]  U-Unknown [ ]  V-Comm Tx Facility (Child Locked)[ ]  W- Children’s Shelter[ ]  XX-Homeless/In Shelter[ ]  YY-Homeless/Out of Shelter[ ]  ZZ-Homeless/Living w Other(s) |
|  |
| Number of children less than 18 years of age that the client cares for at least 50% of the time:    |
| Number of adults 18 years or older that the client cares for at least 50% of the time:    |

|  |  |
| --- | --- |
| **Education** (last grade or years completed):     | **Religion:**       |
| **\*Does the client have Regional Center involvement?** [ ]  Yes [ ]  No [ ]  Refuse/Cannot Access |
| **\*Military Service:** [ ] Yes [ ]  No [ ]  Decline [ ]  Unable to Answer | **Branch:**       |
| **If 18, has client been offered the National Voter’s Registration form?** [ ]  Yes [ ]  No [ ]  Decline |
| **Mother’s First Name:**       |
| ALIAS(ES) (List other names you have used. A first & last name must be included for each alias) |
|  |  Last Name: | First Name: | Middle Initial: |  |
|       |       |   |  |
|       |       |   |  |
| **LEGAL INFORMATION/LEGAL CONSENT**  (check only one box in the lists below): |
| Self Consent*Legal Rep Information not required*[ ]  A-Adult / Self Consent[ ]  E-Minor / Self Consent[ ]  D-Emancipated Minor | Conservator[ ]  I-Temporary[ ]  J-Permanent[ ]  K-Murphy[ ]  L-Probate | Minor[ ]  B-Parental Consent[ ]  C-Guardian/Caregiver | Juvenile Court[ ]  F-Dependent[ ]  G-Ward Status Offender[ ]  H-Ward Juvenile Offender  |
| Legal Representative:       | Relationship:       |
| Address:      | Phone:      |
| City/State/Zip:      |
| Employment Phone:      | Other Information:      |
| **PARENTAL & SCHOOL INFORMATION****Is client under 18:** **[ ]  Yes** (School & Parental Information required) **[ ]  No** (Parental information is optional) |
| Parent Name:       | Relationship:       |
| Address:       | Phone:       |
| City/State/Zip:       |
| Employment Phone:       | Other Information:       |
| School Attending: |       |
| School District of Residence: |       |
| **JUVENILE FORENSICS**  |
| REJIS #:       |  |
| EMERGENCY NOTIFICATION INFORMATION |
| Name:       | Relationship:       |
| Address:      | Home Phone:      |
| City/State/Zip:      | Work Phone:      |
| Other Information:      |
| CONTACTS |
| Name (Last, First MI) | Agency/Title/Relationship | Phone |
|       |       |       |
|       |       |       |
| Staff Completing/Accepting the Assessment: |
|  |  |        |  |       |  |       |
| Signature |  | Printed Name |  |  |  | Cerner ID |  | Date |