

This form is for adults (18+) only.

# ODMHSA/S/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

<b>SECTION I</b>		Agency: <input type="text"/>	Date of Transaction (MMDDYYYY): <input type="text"/>	Transaction Time (0000-2359): <input type="text"/>	Transaction Type:* (Contacts: 21,27,23,40) <input type="text"/> 6 X
Member ID: <input type="text"/>		Date of Birth (MMDDYYYY): <input type="text"/>	Service Focus*: <input type="text"/>	Harmful Intent*: <input type="text"/>	
<b>RACE:</b> (1=Yes for all that apply; Blank=No) White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Other Pac. Islander <input type="checkbox"/> Asian <input type="checkbox"/>		<b>GENDER:</b> (F=Female; M=Male) <input type="checkbox"/> <b>Alert Information:</b> Trauma Score <input type="text"/> ACE Score <input type="text"/>	<b>SCREENS:</b> (1=Yes; 2=No; 3=NA) Mental Health Screen <input type="text"/> Substance Abuse Screen <input type="text"/> Trauma Screen <input type="text"/> Gambling Screen <input type="text"/>	<b>PRIMARY REFERRAL:*</b> <input type="text"/> <b>AGENCY #:</b> <input type="text"/> <b>SECONDARY REFERRAL:*</b> <input type="text"/> <b>AGENCY #:</b> <input type="text"/> <b>COUNTY OF RESIDENCE:</b> (01-77 or Other State Initials) <input type="text"/> <b>ZIP CODE:</b> (99999 for Homeless-Streets) <input type="text"/> - <input type="text"/>	
<b>Email Address:</b> _____ <b>ETHNICITY:</b> Hispanic/Latino <input type="checkbox"/> (1=Yes; 2=No)					

<b>SECTION II &amp; III</b> <b>CURRENT RESIDENCE:</b> A. Permanent Housing F. RC Facility/Group Home <input type="checkbox"/> B. Perm Sup Hous-Non-Cong G. Nursing Home <input type="checkbox"/> C. Perm Sup Hous-Cong H. Institutional Setting <input type="checkbox"/> D. Transitional Housing I. Homeless-Shelter <input type="checkbox"/> E. Temporary Housing J. Homeless-Streets <input type="checkbox"/>		<b>LANGUAGE PROFICIENCY:</b> What language is preferred?: (0-9) <input type="text"/> Does customer speak English well?: (1=Yes; 2=No) <input type="checkbox"/>	<b>SMI:</b> (1=Yes; 2=No) <input type="checkbox"/> (For customer 18 and older)
<b>Is customer in PRISON/JAIL?:</b> (If 1, Residence must=H) <input type="checkbox"/> 1. Prison 2. No 3. Jail		<b>DISABILITY:</b> (01-11 or Blank) <input type="text"/>	In the <u>past 30 days</u> , how many <u>times</u> has the customer been <u>arrested</u> , or since admission if less than 30 days ago? (00-99) <input type="text"/>
<b>LIVING SITUATION:</b> <input type="checkbox"/> <b>CHRONIC HOMELESSNESS:</b> <input type="checkbox"/> 1. Alone 2. With Family/Relatives 3. With Non-Related Persons (1=Yes; 2=No)		<b>LEGAL STATUS:*</b> <input type="text"/> <b>County of Commitment:</b> <input type="text"/> (01,03,05,07,09,12,13,15,17,20,21) (If Legal Status = 01 or 17, County of Commitment not required)	In the <u>past 12 months</u> , how many <u>times</u> has the customer been <u>arrested</u> , or since admission if less than 12 months ago? (00-99) <input type="text"/>
<b>EMPLOYMENT:</b> <input type="checkbox"/> 1. Full-time (35+ hrs.) 3. Unemployed (looking for work in last 30 days) 2. Part-time (<35 hrs.) 4. Not in Labor Force = (A-F below)		<b>TOBACCO USE:</b> Times tobacco used on a typical day (00-99) <input type="text"/>	In the <u>past 30 days</u> , how many <u>times</u> has the customer <u>attended self-help/support groups</u> , or since admission if less than 30 days ago? (00-99) <input type="text"/>
<b>TYPE OF EMPLOYMENT/ Not in Labor Force:</b> <input type="checkbox"/> 1. Competitive A. Homemaker 2. Supported B. Student 3. Volunteer C. Retired 4. None D. Disabled 5. Transitional E. Inmate 6. Sheltered Workshop F. Other		<b>PRESENTING PROBLEM:*</b> Drugs of Choice: (01-21)* <input type="text"/> Usual Route of Administration:* (1-5) <input type="text"/> (1-5) <input type="text"/> Frequency of Use in Last 30 days:* (1-5) <input type="text"/> (1-5) <input type="text"/> Age First Used: (00-99) <input type="text"/>	<b>FAMILY ID, DOC # or DHS Case Number:</b> <input type="text"/> <b>CLINICIAN OF RECORD (NPI):</b> <input type="text"/>

<b>Is customer currently in SCHOOL?:</b> (1=Yes; 2=No) <input type="checkbox"/> <b>EDUCATION:</b> (Highest Grade Completed or Current Grade 00-25) (00-Less Than 1 Grade Completed, GED = 12) <input type="text"/> <b>MILITARY STATUS:</b> (A=Client-Currently Active; B=Client-Previously Active; C=Client-National Guard/Reserve; D=Family Member-Currently Active; E=Family Member-Previously Active; F=Family Member-National Guard/Reserve; G=None) <input type="checkbox"/>		<b>LEVEL OF CARE:</b> (CI, CL, HA, OO, SC, or SN)* <input type="text"/>	<b>NOTE:</b> If CAR: Substance Use is scored 30 or above, the customer should be referred for a substance abuse assessment. If ASI/TASI: Psychiatric Status is scored 4 or above, the customer should be referred for a mental health assessment.
<b>MARITAL STATUS:</b> 1. Never Married 3. Divorced 5. Living as Married <input type="checkbox"/> 2. Married 4. Widowed 6. Separated		<b>CAR: (Mental Health) (01-50)</b> Feeling Mood <input type="text"/> Thinking <input type="text"/> Substance Use <input type="text"/> Medical/Physical <input type="text"/> Family <input type="text"/> Interpersonal <input type="text"/> Role Performance <input type="text"/> Socio-Legal <input type="text"/> Self Care/Basic Needs <input type="text"/>	
<b>Is customer PREGNANT?*</b> <input type="checkbox"/> If Yes enter expected DOB, blank if No (MMDDYYYY) <input type="text"/>		<b>ASI: (Substance Abuse) (0-9)</b> Medical <input type="text"/> Employ/Support <input type="text"/> Alcohol Use <input type="text"/> Drug Use <input type="text"/> Legal Status <input type="text"/> Family/Social Rel. <input type="text"/> Psychiatric Status <input type="text"/>	
<b>ANNUAL INCOME:</b> \$ <input type="text"/> Number contributing to and/or dependent upon <input type="text"/> "Annual Income" above: (01-15) <input type="text"/> <b>SSI:</b> <input type="checkbox"/> (1=Yes; 2=No) <b>SSDI:</b> <input type="checkbox"/>			

**LEGAL NAME:** Last: \_\_\_\_\_ Maiden: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

**ADDRESS:** (1) \_\_\_\_\_ (2) \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_