This form is for adults (18+) only.

ODMHSAS/OHCA BEHAIORAL HEALTH CUSTOMER DATA CORE

SECTION I

Agency: | Date of Transaction (MMDDYYYY): | Transaction Time (0000-2359): | Transaction Type:* (Contacts: 21,27,23,40) (41,42, 60,61,62,63,64,65,66,67,68,69,70,71,72)

Member ID: | Date of Birth (MMDDYYYY): | Service Focus*: | Harmful Intent:*

RACE: (1=Yes for all that apply; Blank=No)
White | Black/African American | American Indian | Native Hawaiian or Other Pac. Islander | Asian

Email Address: _____

ETHNICITY: Hispanic/Latino (1=Yes; 2=No)

GENDER: (F=Female; M=Male)

Alert Information: _____

Trauma Score | ACE Score

SCREENS: (1=Yes; 2=No; 3=NA)
Mental Health Screen | Substance Abuse Screen | Trauma Screen | Gambling Screen

PRIMARY REFERRAL:* | **AGENCY #:**

SECONDARY REFERRAL:* | **AGENCY #:**

COUNTY OF RESIDENCE: (01-77 or Other State Initials)

ZIP CODE: (99999 for Homeless-Streets) –

SECTION II & III

CURRENT RESIDENCE:
A. Permanent Housing
B. Perm Sup Hous-Non-Cong
C. Perm Sup Hous-Cong
D. Transitional Housing
E. Temporary Housing
F. RC Facility/Group Home
G. Nursing Home
H. Institutional Setting
I. Homeless-Shelter
J. Homeless-Streets

Is customer in PRISON/JAIL?: (If 1, Residence must=H)
1. Prison 2. No 3. Jail

LIVING SITUATION:
1. Alone
2. With Family/Relatives
3. With Non-Related Persons

CHRONIC HOMELESSNESS: (1=Yes; 2=No)

EMPLOYMENT:
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)

TYPE OF EMPLOYMENT/ Not in Labor Force:
1. Competitive
2. Supported
3. Volunteer
4. None
5. Transitional
6. Sheltered Workshop
A. Homemaker
B. Student
C. Retired
D. Disabled
E. Inmate
F. Other

Is customer currently IN SCHOOL?: (1=Yes; 2=No)

EDUCATION: (Highest Grade Completed or Current Grade 00-25) (00-Less Than 1 Grade Completed, GED = 12)

MILITARY STATUS: (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)

MARITAL STATUS:
1. Never Married 3. Divorced 5. Living as Married
2. Married 4. Widowed 6. Separated

Is customer PREGNANT?*:
If Yes enter expected DOB, blank if No (MMDDYYYY)

ANNUAL INCOME: $

Number contributing to and/or dependent upon "Annual Income" above: (01-15)

SSI: (1=Yes; 2=No) **SSDI:**

LANGUAGE PROFICIENCY:
What language is preferred?: (0-9\)
Does customer speak English well?: (1=Yes; 2=No)

DISABILITY: (01-11 or Blank)

LEGAL STATUS:* (01,03,05,07,09,12,13,15,17,20,21)

County of Commitment: (If Legal Status = 01 or 17, County of Commitment not required)

TOBACCO USE: Times tobacco used on a typical day (00-99)

PRESENTING PROBLEM:* | Primary | Secondary | Tertiary
Drugs of Choice: (01-21)*
Usual Route of Administration:* (1-5) (1-5)
Frequency of Use in Last 30 days:* (1-5) (1-5)
Age First Used: (00-99)

LEVEL OF CARE: (CI, CL, HA, OO, SC, or SN)*

CAR: (Mental Health) (01-50)
Feeling Mood
Thinking
Substance Use
Medical/Physical
Family
Interpersonal
Role Performance
Socio-Legal
Self Care/Basic Needs

Note:
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.

ASI: (Substance Abuse) (0-9)
Medical
Employ/Support
Alcohol Use
Drug Use
Legal Status
Family/Social Rel.
Psychiatric Status

SMI: (1=Yes; 2=No)
(For customer 18 and older)

In the past 30 days, how many times has the customer been arrested, or since admission if less than 30 days ago? (00-99)

In the past 12 months, how many times has the customer been arrested, or since admission if less than 12 months ago? (00-99)

In the past 30 days, how many times has the customer attended self-help/support groups, or since admission if less than 30 days ago? (00-99)

FAMILY ID, DOC # or DHS Case Number:

CLINICIAN OF RECORD (NPI):

PA GROUP: _____

Start Date (MMDDYYYY):

Diagnoses: ICD-10 Codes

Medical

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LEGAL NAME: Last: Maiden: First: Middle: Suffix:

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

(*Some codes may be found on the back of the CDC form or check the manual for further information)