

ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

SECTION I		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"/>
Member ID: <input type="text"/>		Date of Birth (MMDDYYYY): <input type="text"/>	Service Focus*: <input type="text"/>	Harmful Intent*: <input type="text"/>	
RACE: (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"/>		GENDER: (F=Female; M=Male) <input type="checkbox"/> Alert Information: Trauma Score <input type="checkbox"/>	SCREENS: (1=Yes; 2=No; 3=NA) Mental Health Screen <input type="checkbox"/> Substance Abuse Screen <input type="checkbox"/> Trauma Screen <input type="checkbox"/> Gambling Screen <input type="checkbox"/>	PRIMARY REFERRAL:* <input type="checkbox"/> AGENCY #: <input type="text"/> SECONDARY REFERRAL:* <input type="checkbox"/> AGENCY #: <input type="text"/> COUNTY OF RESIDENCE: (01-77 or Other State Initials) <input type="text"/> ZIP CODE: (99999 for Homeless-Streets) <input type="text"/> - <input type="text"/>	Email Address: _____ ETHNICITY: Hispanic/Latino (1=Yes; 2=No) <input type="checkbox"/>
SECTION II & III CURRENT RESIDENCE: A. Permanent Housing <input type="checkbox"/> F. RC Facility/Group Home <input type="checkbox"/> B. Perm Sup Hous-Non-Cong <input type="checkbox"/> G. Nursing Home <input type="checkbox"/> C. Perm Sup Hous-Cong <input type="checkbox"/> H. Institutional Setting <input type="checkbox"/> D. Transitional Housing <input type="checkbox"/> I. Homeless-Shelter <input type="checkbox"/> E. Temporary Housing <input type="checkbox"/> J. Homeless-Streets <input type="checkbox"/>		LANGUAGE PROFICIENCY: What language is preferred?: (0-9) <input type="text"/> Does customer speak English well?: (1=Yes; 2=No) <input type="checkbox"/>	SED: (1=Yes; 2=No) <input type="checkbox"/> (For customer under 18)		
LIVING SITUATION: <input type="checkbox"/> 1. Alone 2. With Family/Relatives 3. With Non-Related Persons		DISABILITY: (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"/> 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"/> 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"/>		
EMPLOYMENT: <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)		TOBACCO USE: Times tobacco used on a typical day (00-99) <input type="text"/>	FAMILY ID, DOC # or DHS Case Number: <input type="text"/> CLINICIAN OF RECORD (NPI): <input type="text"/>		
TYPE OF EMPLOYMENT/ Not in Labor Force: <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		PRESENTING PROBLEM:* Drugs of Choice: (01-21)* Usual Route of Administration:* Frequency of Use in Last 30 days:* Age First Used: (00-99)	SECTION IV (Required if under 18 years old)		
Is customer currently IN SCHOOL?: (1=Yes; 2=No) <input type="checkbox"/> EDUCATION: (Highest Grade Completed or Current Grade 00-25) (00-Less Than 1 Grade Completed, GED = 12) <input type="text"/>		LEVEL OF CARE: (CI, CL, HA, OO, SC, or SN)* <input type="text"/>	In what <u>type of out-of-home placement</u> is the customer currently living? (select only one from below) <input type="checkbox"/> 1. Not in out-of-home placement 4. Foster Care 2. Residential Treatment 5. Group Home 3. Specialized Community Group Home 6. Other		
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) <input type="checkbox"/>		CAR: (Mental Health) (01-50) Feeling Mood Thinking Substance Use Medical/Physical Family Interpersonal Role Performance Socio-Legal Self Care/Basic Needs	In the <u>past 90 days</u> , how many <u>days</u> was the customer in <u>restrictive placement</u> ? (00-99) <input type="text"/> In the <u>past 90 days</u> , on how many <u>days</u> did an <u>incident of self-harm occur</u> ? (00-99) <input type="text"/>		
Is customer PREGNANT?* : <input type="checkbox"/> If Yes enter expected DOB, blank if No (MMDDYYYY) <input type="text"/>		TASI:* (Ages 12-17) (0-4) Chemical School Emp/Sup Family Peer/Soc Legal Psychiatric	SCHOOL-AGED CHILDREN: (00-66 days OR 99 for not applicable) In the <u>past 90 days</u> of the school year, how many <u>days</u> was the customer <u>absent from school</u> ? <input type="text"/> In the <u>past 90 days</u> of the school year, how many <u>days</u> was the customer <u>suspended from school</u> ? <input type="text"/>		
SSI: <input type="checkbox"/> (1=Yes; 2=No)		Colored/Shaded box indicates conditional or optional field. This form is for children 0-17.	CHILDREN UNDER SCHOOL AGE: (00-66 days OR 99 for not applicable) In the <u>past 90 days</u> , how many <u>days</u> was the customer <u>Not permitted to return to day care</u> ? <input type="text"/>		
LEGAL NAME: Last: _____ Maiden: _____ First: _____ Middle: _____ Suffix: _____		ADDRESS: (1) _____ (2) _____ CITY: _____ STATE: _____			