

This form is for Children only.

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="text"/> Substance Abuse Screen <input type="text"/> Trauma Screen <input type="text"/> Gambling Screen <input type="text"/>	PRIMARY REFERRAL:* <input type="text"/> AGENCY #: <input type="text"/> SECONDARY REFERRAL:* <input type="text"/> 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"/>
--	--	---	---

SECTION II & III

CURRENT RESIDENCE:

A. Permanent Housing	F. RC Facility/Group Home <input type="checkbox"/>
B. Perm Sup Hous-Non-Cong	G. Nursing Home
C. Perm Sup Hous-Cong	H. Institutional Setting
D. Transitional Housing	I. Homeless-Shelter
E. Temporary Housing	J. Homeless-Streets

LIVING SITUATION:

- Alone
- With Family/Relatives
- With Non-Related Persons

EMPLOYMENT:

- Full-time (35+ hrs.)
- Part-time (<35 hrs.)
- Unemployed (looking for work in last 30 days)
- Not in Labor Force = (A-F below)

TYPE OF EMPLOYMENT/ Not in Labor Force:

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

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)

Is customer PREGNANT?*:

If Yes enter expected DOB, blank if No (MMDDYYYY)

SSI: (1=Yes; 2=No)

LANGUAGE PROFICIENCY:

What language is preferred?: (0-9)

Does customer speak English well?: (1=Yes; 2=No)

DISABILITY: (01-11 or Blank)

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

PRESENTING PROBLEM:*

	Primary	Secondary	Tertiary
Drugs of Choice: (01-21)*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Usual Route of Administration:*	<input type="text"/>	(1-5)	(1-5)
Frequency of Use in Last 30 days:*	<input type="text"/>	(1-5)	(1-5)
Age First Used: (00-99)	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

CAR: (Mental Health) (01-50)

TASI:* (Ages 12-17) (0-4)

Feeling Mood	Chemical
Thinking	School
Substance Use	Emp/Sup
Medical/Physical	Family
Family	Peer/Soc
Interpersonal	Legal
Role Performance	Psychiatric
Socio-Legal	
Self Care/Basic Needs	

SED: (1=Yes; 2=No)

(For customer under 18)

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):

SECTION IV
(Required if under 18 years old)

In what type of out-of-home placement is the customer currently living?

(select only one from below)

1. Not in out-of-home placement	4. Foster Care
2. Residential Treatment	5. Group Home
3. Specialized Community Group Home	6. Other

In the past 90 days, how many days was the customer in restrictive placement? (00-99)

In the past 90 days, on how many days did an incident of self-harm occur? (00-99)

SCHOOL-AGED CHILDREN: (00-66 days OR 99 for not applicable)

In the past 90 days of the school year, how many days was the customer absent from school?

In the past 90 days of the school year, how many days was the customer suspended from school?

CHILDREN UNDER SCHOOL AGE: (00-66 days OR 99 for not applicable)

In the past 90 days, how many days was the customer Not permitted to return to day care?

PA GROUP:

Start Date (MMDDYYYY):

Diagnoses: ICD-10 Codes

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical

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

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