

# CYF mHOMS CLIENT INFORMATION SHEET

Version: 07/2020

## CCBH CLIENT ID NUMBER

## CCBH INTAKE DATE

 /  / 

## CLIENT'S LAST NAME

## FIRST NAME

## M.I.

## CLIENT DATE OF BIRTH

 /  / 

## CLIENT GENDER

☐ Female ☐ Male ☐ Other ☐ Unknown / Not Declared

## CLIENT INDEX NUMBER (CIN): CHOOSE ONE

- ☐ CIN available [1]
- ☐ Pending CIN (Access to CIN currently unavailable) [2]
- ☐ N/A (Client does not or will never have a CIN) [3]

## IS CLIENT HISPANIC / LATINO?

☐ Yes ☐ No ☐ Unknown / Unreported

## CLIENT RACE (Select all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1 = White or Caucasian               | <input type="checkbox"/> J = Japanese               | <input type="checkbox"/> R = Guamanian              |
| <input type="checkbox"/> 3 = Black or African American        | <input type="checkbox"/> K = Korean                 | <input type="checkbox"/> S = Mien                   |
| <input type="checkbox"/> 5 = American Indian or Alaska Native | <input type="checkbox"/> L = Other Pacific Islander | <input type="checkbox"/> T = Laotian                |
| <input type="checkbox"/> 7 = Filipino                         | <input type="checkbox"/> M = Samoan                 | <input type="checkbox"/> V = Vietnamese             |
| <input type="checkbox"/> C = Chinese                          | <input type="checkbox"/> N = Asian Indian           | <input type="checkbox"/> 8 = Other                  |
| <input type="checkbox"/> H = Cambodian                        | <input type="checkbox"/> O = Other Asian            | <input type="checkbox"/> 9 = Unknown / Not Reported |
| <input type="checkbox"/> I = Hmong                            | <input type="checkbox"/> P = Native Hawaiian        |   |

## UNIT

## SUBUNIT

## CLINICIAN/ STAFF ID

## CCBH DISCHARGE DATE

 /  / 

## DATE OF CURRENT ASSESSMENT

 /  / 

## ASSESSMENT TYPE

- ☐ Initial [1]
- ☐ Reassessment [2]
- ☐ Discharge [4]

## CLIENT PLAN GOALS MET?

## DISCHARGE REASON

## DISCHARGE DESTINATION

## CAREGIVER AVAILABLE TO CLIENT?

☐ Yes ☐ No

## CANS - EC / SD - CANS

- ☐ Completed [1]
- ☐ Follow-up CANS done w/in last 60 days [2]
- ☐ In services less than 60 days\* [3]
- ☐ Youth Age (under 6 or over 21)\* [6]
- ☐ Exception - County Approved Only [10]
- ☐ Other Reason (Specify): [7]

## PSC PARENT

- ☐ Completed [1]
- ☐ Follow-up PSC done w/in last 60 days [2]
- ☐ In services less than 60 days\* [3]
- ☐ No Contact with Family [4]
- ☐ Refused [5]
- ☐ Youth Age (under 3 or over 18)\* [6]
- ☐ Exception - County Approved Only [10]
- ☐ Other Reason (Specify): [7]

## PSC YOUTH

- ☐ Completed [1]
- ☐ Follow-up PSC done w/in last 60 days [2]
- ☐ In services less than 60 days\* [3]
- ☐ No Contact with Family [4]
- ☐ Refused [5]
- ☐ Youth Age (under 11 or over 18)\* [6]
- ☐ Youth Unavailable [8]
- ☐ Exception - County Approved Only [10]
- ☐ Other Reason (Specify): [7]

\*Excluded from compliance calculations