



**1. Unit Code**

**2. Site Code**

**3a. Client's First Name**

**3b. Client's Last Name**

**4. Date of Birth** (MMDDYYYY format)

**5. Gender**

- Male       Female       Unknown

**6. Hispanic Ethnicity**

- No, not Hispanic/Latino       Yes, Hispanic/Latino       Unknown

**7. Race** (select all that apply)

- White       American Indian/Alaska Native       Unknown  
 Black/African American       Native Hawaiian/Other Pacific Islander  
 Asian       Other

**8. Current Living Situation**

- Private residence (home, apartment, rooming house, hotel, motel, supported housing, supported SRO, permanent housing programs, transient housing programs, and shelter plus care housing)  
 Inpatient setting or children's Residential Treatment Facility (RTF)  
 OMH Residential Care, LICENSED programs, community residence (child or adult), crisis residence, family based treatment, family care, teaching family home, apartment treatment, congregate treatment, apartment support, congregate support, community residence – SRO  
 Adult home (DOH licensed residential program for adults)  
 Agency-operated Boarding Home through DSS/ACS (Foster Home)  
 Institutional setting for youth: OCFS Juvenile Justice Facility  
 Institutional setting for youth: OCFS Residential Treatment Center  
 Youth community-based residence (OCFS, DSS)  
 Nursing or health-related facility (nursing home, skilled nursing facility)  
 Homeless (e.g., shelter, street, transitional living center)  
 Incarcerated  
 Other (e.g., non-OMH residential care such as group home or halfway house)  
 Unknown

**9. Household Composition** (select all that apply)

- Not applicable, client is not in a private residence       Client's spouse or domestic partner  
 Client lives alone       Other relatives of client not specified above  
 Client's child, stepchild, foster child, grandchild       Other people unrelated to client  
 Client's parent       Unknown  
 Client's sibling(s)

**10. Parental Status** (select all that apply)

- No children       Has minor children, NOT in client's custody  
 Has children over 18 yrs old       Unknown  
 Has minor children, in client's custody

Sheet Number: \_\_\_\_\_ Client's Name: \_\_\_\_\_

**11. Was Client Homeless in Shelter or on Street at any time within the past 6 months?**

- No                       Yes                       Unknown

**12. County of Residence**

**13. Residence Zip Code**

**14. Primary Language**

- |                                  |  |  |
|----------------------------------|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Japanese                          | <input type="checkbox"/> Polish        |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Russian                           | <input type="checkbox"/> Hebrew        |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese                        | <input type="checkbox"/> Arabic        |
| <input type="checkbox"/> Creole  | <input type="checkbox"/> Korean                            | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> French  | <input type="checkbox"/> Indic (e.g., Hindi, Urdu, Sindhi) | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Greek   | <input type="checkbox"/> Yiddish                           | <input type="checkbox"/> Unknown       |
| <input type="checkbox"/> Italian | <input type="checkbox"/> German                            |  |

**15. Prior active U.S. military service?**

- No                       Yes                       Unknown

**16. Current Employment Status** *(Select the first outcome that applies)*

- Competitive and integrated employment  
 Other employment  
 Non-paid work position (volunteer)  
 Unemployed and looking for work  
 Not In Labor Force: unemployed but not looking for work, retired, homemaker, student, incarcerated, or psychiatric inpatient  
 Unknown

**17. Usual hours worked per week**

- Not Applicable                       15-34 hours                       Unknown  
 1-14 hours                       35 hours or more

**18. Education Level**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> No formal education | <input type="checkbox"/> Seventh grade                      | <input type="checkbox"/> Business, technical training |
| <input type="checkbox"/> First grade         | <input type="checkbox"/> Eighth grade                       | <input type="checkbox"/> Some college, no degree      |
| <input type="checkbox"/> Second grade        | <input type="checkbox"/> Ninth grade                        | <input type="checkbox"/> Associate's degree           |
| <input type="checkbox"/> Third grade         | <input type="checkbox"/> 10 <sup>th</sup> grade             | <input type="checkbox"/> Bachelor's degree            |
| <input type="checkbox"/> Fourth grade        | <input type="checkbox"/> 11 <sup>th</sup> grade             | <input type="checkbox"/> Graduate degree              |
| <input type="checkbox"/> Fifth grade         | <input type="checkbox"/> 12 <sup>th</sup> grade, no diploma | <input type="checkbox"/> Other                        |
| <input type="checkbox"/> Sixth grade         | <input type="checkbox"/> High school diploma or GED         | <input type="checkbox"/> Unknown                      |

**19. Special education services?**

- Not applicable                       Yes                       No                       Unknown

**20. Committee on Special Education Classification** *(Select all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Not Applicable (not receiving Special Education services) | <input type="checkbox"/> Other health impairment |
| <input type="checkbox"/> Emotional disturbance                                     | <input type="checkbox"/> Multiple disability     |
| <input type="checkbox"/> Learning disability                                       | <input type="checkbox"/> Autism Spectrum         |
| <input type="checkbox"/> Sensory Impairment  | <input type="checkbox"/> Unknown                 |
| <input type="checkbox"/> Physical disability                                       |  |

Sheet Number: \_\_\_\_\_ Client's Name: \_\_\_\_\_

**21. Current Disabilities/Disorders**

- a. Mental Illness  No  Yes  Unknown
- b. Intellectual Disability/Mental Retardation  No  Yes  Unknown
- c. Autism Spectrum  No  Yes  Unknown
- d. Other Developmental Disability (Epilepsy, Cerebral Palsy, Neurological Impairment)  No  Yes  Unknown
- e. Alcohol Related Disorder  No  Yes  Unknown
- f. Drug/Substance Related Disorder  No  Yes  Unknown
- g. Physical Disability  No  Yes  Unknown

**22. Chronic Medical Condition (Select all that apply)**

- Hyperlipidemia (High blood fat/High cholesterol)
- High Blood Pressure
- Diabetes
- Obesity [based on BMI\*, if not then subjective judgment]
- Heart attack
- Stroke
- Other Cardiac Condition
- Pulmonary (Emphysema (COPD), Asthma, History of active tuberculosis)
- Alzheimer's Disease or Dementia
- Kidney Disease
- Liver Disease (Cirrhosis, Hepatitis A/B/C)
- Endocrine Condition (High or Low thyroid, Pituitary disease, Adrenal disease)
- Progressive neurological condition (M.S., Cerebral palsy, ALS)
- Traumatic Brain Injury
- Joint and connective tissue disease (Lupus, Rheumatoid arthritis, Osteoporosis, Osteoarthritis)
- Cancer
- None of the above
- Unknown whether client has any of the above chronic medical conditions

**23. Smokes cigarettes or uses tobacco products?**

- No  Yes  Unknown

**24. Received a medication or a prescription for medication for smoking cessation from this program in the past year?**

- No  Yes  Unknown

**25. Received counseling for smoking cessation from this program in the past year?**

- No  Yes  Unknown

**26. Severe and Persistent Mental Illness/Serious Emotional Disturbance**

- No  Yes  Unknown

**27. Global Assessment of Functioning (GAF).**

- Unknown GAF  21-30  51-60  81-90
- 01-10  31-40  61-70  91-100
- 11-20  41-50  71-80

Sheet Number: \_\_\_\_\_ Client's Name: \_\_\_\_\_

**28. Principal Psychiatric Diagnosis**

**29. Additional Diagnosis**

**30. Cash Assistance Benefits**

- a. SSI? (Supplemental Security Income)  No  Yes  Unknown
- b. SSDI? (Social Security Disability Insurance)  No  Yes  Unknown
- c. Veteran's disability benefits  No  Yes  Unknown
- d. Veteran's Cash Assistance?  No  Yes  Unknown
- e. Public Assistance Cash Program? (TANF, Safety Net, etc.)  No  Yes  Unknown
- f. Other cash benefits? (pension, SSA retirement, other)  No  Yes  Unknown

**31. Health Insurance Coverage**

- a. Medicaid?  No  Yes  Unknown
- b. If "Yes," is it Managed Care?  Not Applicable  No  Yes  Unknown
- c. Medicare?  No  Yes  Unknown
- d. Private Insurance?  No  Yes  Unknown
- e. Child Health Plus?  No  Yes  Unknown
- f. Family Health Plus?  No  Yes  Unknown
- g. Other Health Insurance?  No  Yes  Unknown

**32. Admission Date, Current Episode (MMDDYYYY format)**

Date:

If program **does not do** formal admission paperwork,  Check here

If **Unknown** admission date,  Check here

**33. Criminal Justice or Juvenile Justice Status (Select the first outcome that applies).**

- None
- Criminal Procedure Law (CPL) 330.20
- Article 10-Sex Offender Management & Treatment (SOMTA)
- NYS Dept. of Correctional Services Prisoner
- County/City Jail, Court Detention or Police lockup Prisoner (including CPL 730 and CL 508 referrals)
- Parolee (adults)
- Probationer (adults)
- PINS (Person in Need of Supervision)
- Adjudicated Juvenile Delinquent or Offender
- Alternative to Incarceration (ATI) status, Mental Health Court, Court Diversion
- Other criminal justice status
- Unknown whether or not client has a criminal justice or juvenile justice status

**34. Date Last Served Before 10/24/2011 by this Program (MMDDYYYY format)**

Date:

If **Never** served by this program,  Check here

If **Unknown** date last served,  Check here

**35. Date of Client Service (Select all that apply)**

- Oct 24  Oct 25  Oct 26  Oct 27  Oct 28  Oct 29  Oct 30