

CLIENT REGISTRATION

Confidential Patient Information
See Welfare & Institution Code 5328

(Print Legibly)

Client Registration: Client Update: Data Entry Initials:

Reporting Unit Number:

Client Number: Staff ID:

1 _____ Client Last Name Client First Name MI Generation

2 _____ Alias (or Maiden) Last Name Alias (or Maiden) First Name MI Generation

3 Date of Birth:
Month Day Year

4 Sex: F - Female
 M - Male
 U - Unknown
 O - Other

5 Social Security Number: (#, Z0, Z2,)

6 CIN

7 Education

8 Disability Circle and add disability codes below

Indicate Highest grade completed, If higher than 20, use 20
00 None
01-20 Grade Levels
Z0 Client Declined to State
Z4 Client Unable to Answer

00 None 16 Developmentally Disabled
01 Severe Visual Impaired 32 Other Physical Impairment
02 Severe Hearing Impairment 64 Mental
04 Speech Impairment Z0 Client Declined to State
08 Physical Impairment/Mobility Z4 Client Unable to Answer

9 Preferred Language:
1 English 5 Middle Eastern
2 Spanish 6 Sign Language
3 Asian 7 Other
4 Indo-Chinese

10 Ethnicity:
A Caucasian L Filipino
B African American M Other Asian
C Native American N Other Race
D Mexican American O Unknown
E Latin American P Other So. East Asian
F Other Hispanic Q Alaskan Native
G Chinese R Asian Indian
H Vietnamese S Guamanian
I Laotian T Hawaiian
J Cambodian U Korean
K Japanese V Samoan

11 Hispanic Origin:
1 Not Hispanic
2 Mexican/Mexican American
3 Cuban
4 Puerto Rican
5 Other Hispanic/Latino
6 Other Hispanic

12 Marital Status:
1 Never Married
2 Married/Live Together
3 Widowed
4 Divorced/Dissolved
5 Separated
6 Unknown

Family Size:

13: _____ Client Birth Last Name

_____ Client Birth First Name

14. Birth Place:

15. Mother's First Name: _____

16. DL (#/Z0/Z2/Z4): (State/Z0/Z2/Z4):

17. Client Address: _____
Street

_____ City State Zip Phone

18. _____ Significant Other's Name Relationship Telephone

_____ Significant Other's Address

Completed by: _____ Date: _____

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- Item 4 - Sex** Enter “**F**” for Female, “**M**” for Male, “**O**” Other or “**U**” for unknown.
- Item 7 - Education** Enter in the number indicating the **highest grade** completed. If the highest grade is greater than 20, enter “20”, enter Z0 if the client declines to state or Z4 if the client is unable to answer.
- Item 8 - Disability** Section 503 of the Federal Rehabilitation Act of 1973 defines “disability” as a physical or mental impairment that substantially limits one or more of the major life activities of the individual, has record of such an impairment, or is regarded as having such an impairment.
- Add the number codes** to create the sum of all of the client’s physical disabilities, as stated by the client, and enter the total in this field.
- Item 9 - Preferred Language** Enter the **code** which best represents the client’s preferred language, that is, the language the client would prefer to speak, as reported by the client.
- Item 10 - Ethnicity** Enter the **code** which best represents the client’s ethnic group as identified **by the client**.
- Item 11 - Hispanic Origin** Enter the appropriate number from the Hispanic origin **codes** listed below to indicate the client’s Hispanic background as identified by the client.
- Item 12 - Marital Status** Enter the appropriate number from the marital status **codes** listed to indicate the client’s current marital status.
- Item 13 – Client Birth Name** Enter the name given at birth.
- Item 14 – Birth Place** Enter the County / State of birth. Refer to County/State tables or the CalOMS Data Collection guide. Z3 is to be entered in as County field if the client was NOT born in California and in the State field if the client was NOT born in one of the 50 states or DC.
- Item 15 – Mother’s First Name** Enter Mother’s first name.
- Item 16 – DL (Drivers License)** Enter Drivers License and the State that issued the license.
- Item 17 - Home Address** Enter the client’s **home address**. If the client is homeless, use the standard department procedure and enter the address as: 700 E. Gilbert Street, San Bernardino, CA 92415.
- Item 18 - Significant Other** Enter the **name, relationship, telephone number, and address**, of any person(s) who have an important relationship with the client. The relationships currently defined are:

Father	Husband	Relative	Friend	Therapist	Psych
Mother	Wife	Guardian	Partner	MD	Probation Officer
Son	Brother	Conservator	Employer	Physician	Parole Officer
Daughter	Sister	Attorney	Minister	Board Care	Other

Completed By The intake worker **signs** and **dates** the form.

Z0 = Client Declines to State

Z2 = Not Applicable

Z3 = Other

Z4 = Detox Only Clients

NOTE: The “Z4” (Client Unable to Answer) code is only allowable for certain questions and ONLY when the client is coded in the Client Registration screen as having a Physical Disability of “Developmentally Disabled” or enrolled in a detoxification program.