## Behavioral Health

303 E. Vanderbilt Way San Bernardino | (909) 388-0900 www.SBCounty.gov

## **CSI-** Assessment

| Birth Name Last  |            | Birth Name First |  |                                     |                         | Birth Name Middle |        |             |     |              |           |  |  |
|--|------------|------------------|--|-------------------------------------|-------------------------|-------------------|--------|-------------|-----|--------------|-----------|--|--|
|  |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| Mathania Cinat Name  |            | D                | - : 1- 1 -                                   | . 0                                 | 0                       | - 4               | - ( D: | ul_         |     | Otata at Dia | 41-       |  |  |
| Mother's First Name   Financial Response   |            | Respons          | SIDIE  | e County                            | Cour                    | County of Birth   |        |             |     | State of Bir | <u>in</u> |  |  |
| Country of Divide  |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| Country of Birth   |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| Special Population   |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| Assisted Outpatient Treatment (AB1421)   |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| Individualized Education Plan (IEP Required) (AB3632)  |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| Governor's Homeless Initiative Service(s) (GHI)  |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| Welfare-to-Work plan specified service(s)  |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| No special population services   |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
|  |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| Number of dependent adults 18 years of age and above that client cares for/is responsible for at   |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| least 50% of the time  |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
|  |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| CSI Ethnicity N  |            | Unknown          | n/Not F                                      | Rep                                 | orted                   |                   | His    | panic/Latin | 10  |              |           |  |  |
|  | •          |                  |  | •                                   |                         |                   |        |             |     |              |           |  |  |
| Admission Emergency  |            |                  | ☐   Planned (Prior                           |                                     |                         |                   |        |             | Unl | known/Not    |           |  |  |
| Necessity Code   |            |                  | Authorization)                               |                                     |                         |                   |        |             | Re  | ported       |           |  |  |
|  |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| Is Substance Abuse Affecting Mental He   |            |                  | alth   | ?                                   | Υe                      | es                |        | No          |     | Unknowr      | 1 [       |  |  |
| Are Developmental Disabilities Affecting   |            |                  | Me   | ntal Health                         | ? Ye                    | es                |        | No          |     | Unknowr      | ۱         |  |  |
| Are Physical Disorders Affecting Mental  |            |                  | Hea  | ılth?                               | Υe                      | es                |        | No          |     | Unknowr      | 1         |  |  |
| , , , , , , , , , , , , , , , , , , ,  |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| Conservatorship/Co   | urt Status |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| Temporary Conservatorship  |            |                  | П  | Lanterman-Petris-Short              |                         |                   |        |             |     |              |           |  |  |
| Murphy   |            |                  | H  | Probate                             |                         |                   |        |             |     |              |           |  |  |
| PC2974   |            | H                | Representative Payee w/out Conservatorship [ |                                     |                         |                   |        |             |     |              |           |  |  |
| Juvenile Court/Dependent of the Court  |            |                  | +  | Juvenile Court/Ward-Status Offender |                         |                   |        |             |     |              |           |  |  |
| Juvenile Court/Ward-Juvenile Offender  |            |                  | $\vdash$                                     | Unknown/Not Reported                |                         |                   |        |             |     |              |           |  |  |
|  |            |                  | +  | OTIKITOWI                           | Officiowif/Not Nepolied |                   |        |             |     |              |           |  |  |
| Not Applicable   |            |                  | Ш  |                                     |                         |                   |        |             |     |              |           |  |  |
| Month/Year of Birth  |            | Drofo            | rrad l                                       | 000                                 |                         |                   |        |             |     |              |           |  |  |
| Month real of birth  | Fiele      | rred L           | any  | uaye                                |                         |                   |        |             |     |              |           |  |  |
| Niverban of abilians land then 40 years of any that illustration of the control o |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| Number of children less than 18 years of age that client cares for/is responsible for at least 50%   |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| of the time  |            |                  |  |                                     |                         |                   |        |             |     |              |           |  |  |
| Race   |            |                  | 1  |                                     |                         |                   |        |             | Ī   |              |           |  |  |

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