

CSI- Assessment

Birth Name Last		Birth Name First					Bir	e					
Mother's First Name Financial Respon			nsible County County c				of Bi	rth		State of Birth			
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 No	t Hispanic/	/Latino		Unknowr	n/Nc	ot Rep	orteo	1 🗌	Hi	spar	nic/Latinc		
Admission	nergency			Planned	(Pri	or			LIr	hkno	wn/Not		
Necessity Code				Authorization)					Reported				
						-/			1				
Is Substance Abuse Affecting Mental He								No] U	Inknown		
Are Developmental Disabilities Affecting						Yes		No		U	Inknown		
Are Physical Disorders Affecting Mental				lth?		Yes		No		U	Inknown		
Conservatorship/Court Status													
Temporary Conservatorship				Lanterman-Petris-Short									
Murphy				Probate									
PC2974				Representative Payee w/out Conservatorship									
Juvenile Court/Dependent of the Court				Juvenile Court/Ward-Status Offender									
Juvenile Court/Ward-Juvenile Offender				Unknown/Not Reported									
Not Applicable													
Month/Year of Birth		Preferred Language											
			_							-			
Number of children le	ess than 18	s years of	t age	e that clien	t ca	res fo	r/is r	espon	sible	e for	at least !	50%	
of the time													
Race													
			I							1			