

Last Name:		First Name:		M. Initial:		Maiden:	
Alias (Other Name):		Home Phone:		Work Phone:		Date of Birth:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	Age:	Soc. Sec. No.		Years of Education: (0-20)	Are You Pregnant?: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Marital Status: 1 = Never Married 2 = Married/Live together 3 = Widowed 4 = Divorced/Dissolved 5 = Separated 9 = Unknown							
Address (including City and Zip Code): (Homeless? <input type="checkbox"/> Y <input type="checkbox"/> N)							
For Minors, Name of Parent/Guardian:				Relationship:		Phone:	
In Case of Emergency, Notify (Name, Address, Phone):							
Are You on Conservatorship?: <input type="checkbox"/> Y <input type="checkbox"/> N If so, Name of Conservator:							
Health Care Insurance (check all that apply): <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Blue Cross <input type="checkbox"/> Kaiser <input type="checkbox"/> Other HMO <input type="checkbox"/> IEHP <input type="checkbox"/> Molina <input type="checkbox"/> Healthy Families <input type="checkbox"/> Healthy Kids <input type="checkbox"/> Other insurance <input type="checkbox"/> None <input type="checkbox"/> Other							
If Medi-Cal, your Medi-Cal No:				County of your Medi-Cal:			
Employment:				School:			
Who Referred You?: <input type="checkbox"/> Self <input type="checkbox"/> School <input type="checkbox"/> Probation <input type="checkbox"/> CFS <input type="checkbox"/> APS <input type="checkbox"/> CPS <input type="checkbox"/> Parent/Grd./Cnsrv./Fam. <input type="checkbox"/> Prop. 36 <input type="checkbox"/> Parole <input type="checkbox"/> Cal-WORKS <input type="checkbox"/> Court <input type="checkbox"/> AB2726 <input type="checkbox"/> AB2034 <input type="checkbox"/> Other							
Services Desired: <input type="checkbox"/> Meds <input type="checkbox"/> Counseling <input type="checkbox"/> Help with Benefits <input type="checkbox"/> Drug/Alcohol <input type="checkbox"/> Other_____							
Are you a veteran or a current active duty military service member? <input type="checkbox"/> Y <input type="checkbox"/> N							
If yes, are you currently receiving veteran's benefits? <input type="checkbox"/> Y <input type="checkbox"/> N (OA follow Procedure)							
Have You Ever Been a Regional Center Client?: <input type="checkbox"/> Y <input type="checkbox"/> N							
Are You Seeking Services for Child Custody or Family Reunification?: <input type="checkbox"/> Y <input type="checkbox"/> N							
Were You Sent for Services by Probation or Parole or by the Court?: <input type="checkbox"/> Y <input type="checkbox"/> N							
Are You Seeking Services Because of a Lawsuit or Charge Against You?: <input type="checkbox"/> Y <input type="checkbox"/> N							
Are You Currently in Mental Health or Alcohol/Drug Treatment?: <input type="checkbox"/> Y <input type="checkbox"/> N Where?:							
Caregiver: No. of children less than 18, client cares for?				No. of dependent adults client cares for?			
Special Population Code: <input type="checkbox"/> A = Assisted Outpatient Treatment service(s) (AB 1421) <input type="checkbox"/> C = Individualized education plan (IEP) required service(s) (AB 3632) School District Code:_____ refer to county list <input type="checkbox"/> G = Governor's Homeless Initiative (GHI) service(s) <input type="checkbox"/> N = No special population service(s) <input type="checkbox"/> W = Welfare- to- work plan specified service(s)							
Explain Why You Are Here and the Help that You Would Like:							
Describe Alcohol and Drug Use (and Problems):							
Date: Printed Name of Person Filling Out This Form:							

INITIAL CONTACT FORM
County of San Bernardino
Department of Behavioral Health
Confidential Pt. Info.
See W&I Code 5328

NAME:
CHART NO:
DOB:
PROGRAM:

Physical Disability: (please check all that apply)

00 = None
01 = Severe Visual Impairment
02 = Severe Hearing Impairment
04 = Speech Impairment
08 = Physical Impairment/Mobility
16 = Developmentally Disabled (i.e., epilepsy, cerebral palsy, mental retardation, etc.)
32 = Other, physical impairment, or disease not listed above (i.e., loss of upper limbs, diabetes, hypertension, cancer, drug addiction, alcoholism, etc.)
99 = Unknown

Primary Language: _____ Preferred Language: _____

A = English	H = Cambodian	O = Ilocano	V = Russian	3 = Other Sign
B = Spanish	I = Sign Language	P = Mien	W = Portuguese	4 = Other Chinese
C = Chinese Dialect	J = Other	Q = Hmong	X = Italian	9 = Unknown
D = Japanese	K = Cantonese	R = Turkish	Y = Arabic	
E = Filipino Dialect	L = Korean	S = Hebrew	Z = Samoan	
F = Vietnamese	M = Mandarin	T = French	1 = Thai	
G = Laotian	N = Armenian	U = Polish	2 = Farsi	

Ethnicity (CSI = Race) with which You Most Identify: (up to 5 can be entered) _____

A = White	H = Vietnamese	L = Filipino	R = Samoan
B = Black	I = Laotian	N = Other Non- White	S = Asian Indian
C = Native American	J = Cambodian	O = Unknown	T = Hawaiian Native
G = Chinese	K = Japanese	Q = Korean	U = Guamanian

Ethnicity = Hispanic Origin

Y = Yes
N = No
U = Unknown

Mother's First Name: _____ Client Birth Name: _____

Birthplace County: _____ State: _____ Country: _____

Significant Other's Name: _____ Relationship: _____ Phone: _____

Significant Other's Address: _____

Employment: (circle one)

<input type="checkbox"/> 1 = Full Time	<input type="checkbox"/> 8 = School	<input type="checkbox"/> 15 = Not in Labor Force
<input type="checkbox"/> 2 = Part Time	<input type="checkbox"/> 12 = Unemployed (looking)	<input type="checkbox"/> 16 = Unknown
<input type="checkbox"/> 4 = Homemaker	<input type="checkbox"/> 13 = Unemployed (not looking)	

A beneficiary booklet and provider list were received. I understand that I am able to receive a booklet and provider list upon request

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NAME:
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School District Codes
County of San Bernardino

The Client and Service Information (CSI) System:

All persons served in treatment programs must be reported to the CSI System. This includes both Medi-Cal and non-Medi-Cal clients, and persons served by the private practitioners that were formerly in the Fee-For-Service System.

The following is a list of currently identified School Districts within the County of San Bernardino. The system is capable of accepting any State of California School District Code, should the child reside in another county.

The School District Code is required on any AB Client where the Special Population code of "C" has been entered.

CDS Code	School Name
3667587	Adelanto
3667595	Alta Loma
3675077	Appley Valley Unified
3673858	Baker Valley Unified
3667611	Barstow Unified
3667637	Bear Valley Unified
3667645	Central
3667652	Chaffey Joint Union
3667678	Chino Valley Unified
3667686	Colton Joint Unified
3667694	Cucamonga
3667702	Etiwanda
3667710	Fontana Unified
3667736	Helendale
3675044	Hesperia Unified
3675051	Lucerne Valley Unified
3667777	Morongo Unified
3667785	Mountain View
3667793	Mt. Baldy Joint
3667801	Needles Unified
3637819	Ontario - Montclair
3667827	Oro Grande
3667843	Redlands Unified
3667850	Rialto Unified
3667868	Rim of The World Unified
3667876	San Bernardino City
3610363	San Bernardino County SP Ed
3673890	Silver Valley Unified
3673957	Snowline Joint Unified
3667892	Trona Joint Unified
3675069	Upland Unified
3667918	Victor Elementary
3667926	Victor Valley Community College
3667934	Victor Valley Union High
3667959	Yucaipa - Calimesa Joint Unified

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LANGUAGE TAGLINES

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call [1-888-743-1478] (TTY: [711]).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-888-743-1478] (TTY: [711]).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [1-888-743-1478] (TTY: [711]).

Tagalog (Tagalog– Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [1-888-743-1478] (TTY: [711]).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-888-743-1478] (TTY: [711])번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 [1-888-743-1478] (TTY: [711])。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք [1-888-743-1478] (TTY (հեռատիպ) [711]):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [1-888-743-1478] (телетайп: [711]).

ی ف ارس (Farsi)

ی ز ب ان ل ا ت ی ت س ه د ی ک ن ی م گ ف ت گ و ی ف ا ر س ز ب ان ب ه ا گ ر : ت و ج ه
شما ی ب را گ ان ی را ب صورت
د ی ر ی ب گ ت م ا س [1-888-743-1478] (TTY: [711]) ب ا ب ا ش د ی م ف ر ا ه م



LANGUAGE TAGLINES

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。[1-888-743-1478] (TTY: [711]) まで、お電話にてご連絡ください。

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau [1-888-743-1478] (TTY: [711]).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਿ ਰੋ, ਤਾਂ ਭਾਸ਼ਾ ਧਿੱਚ ਸਹਾਇਤਾ ਸੇ ਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। [1-888-743-1478] (TTY: [711]) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ب رقم ات صل ب الامجان لك ت تواف ر ال لغوية المساعدة خدمات ف إن ال لغة، اذكر ت تحدث ك نت إذا ملاحظه [1-888-743-1478] (.) [711] وال بكم ال صم هلت ف رقم)

हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-888-743-1478] (TTY: [711]) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร [1-888-743-1478] (TTY: [711]).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អើសិនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយមននកភាសា រោយមិនគិតគូរ គឺអាចមានសំរាប់អើអ្នក។ ចូ ទូ ស័ព្ទ [1-888-743-1478] (TTY: [711])។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ [1-888-743-1478] (TTY: [711]).