CYF mHOMS
CLIENT INFORMATION SHEET

CCBH CLIENT ID NUMBER

CCBH INTAKE DATE

☐☐ / ☐☐ / ☐☐

CLIENT'S LAST NAME

FIRST NAME

M.I.

CLIENT DATE OF BIRTH

☐☐ / ☐☐ / ☐☐

CLIENT GENDER

☐ Female ☐ Male ☐ Other ☐ Unknown / Not Declared

CLIENT INDEX NUMBER (CIN): CHOOSE ONE

☐ CIN available [1]

☐ Pending CIN (Access to CIN currently unavailable) [2]

☐ N/A (Client does not or will never have a CIN) [3]

IS CLIENT HISPANIC / LATINO?

☐ Yes ☐ No ☐ Unknown / Unreported

CLIENT RACE *(Select all that apply):*

☐ 1 = White or Caucasian	☐ J = Japanese	☐ R = Guamanian
☐ 3 = Black or African American	☐ K = Korean	☐ S = Mien
☐ 5 = American Indian or Alaska Native	☐ L = Other Pacific Islander	☐ T = Laotian
☐ 7 = Filipino	☐ M = Samoan	☐ V = Vietnamese
☐ C = Chinese	☐ N = Asian Indian	☐ 8 = Other
☐ H = Cambodian	☐ O = Other Asian	☐ 9 = Unknown / Not Reported
☐ I = Hmong	☐ P = Native Hawaiian	

UNIT

SUBUNIT

CLINICIAN/ STAFF ID

CCBH DISCHARGE DATE

☐☐ / ☐☐ / ☐☐

DATE OF CURRENT ASSESSMENT

☐☐ / ☐☐ / ☐☐

ASSESSMENT TYPE

☐ Initial [1]

☐ Reassessment [2]

☐ Discharge [4]

CLIENT PLAN GOALS MET?

DISCHARGE REASON

DISCHARGE DESTINATION

CAREGIVER AVAILABLE TO CLIENT?

☐ Yes ☐ No

CANS - EC / SD - CANS

☐ Completed [1]
☐ Follow-up CANS done w/in last 60 days [2]
☐ In services less than 60 days* [3]
☐ Youth Age (under 6 or over 21)* [6]
☐ Exception - County Approved Only [10]
☐ Other Reason (Specify): [7]
_____

PSC PARENT

☐ Completed [1]
☐ Follow-up PSC done w/in last 60 days [2]
☐ In services less than 60 days* [3]
☐ No Contact with Family [4]
☐ Refused [5]
☐ Youth Age (under 3 or over 18)* [6]
☐ Exception - County Approved Only [10]
☐ Other Reason (Specify): [7]
_____

PSC YOUTH

☐ Completed [1]
☐ Follow-up PSC done w/in last 60 days [2]
☐ In services less than 60 days* [3]
☐ No Contact with Family [4]
☐ Refused [5]
☐ Youth Age (under 11 or over 18)* [6]
☐ Youth Unavailable [8]
☐ Exception - County Approved Only [10]
☐ Other Reason (Specify): [7]
_____

Excluded from compliance calculations