

CYF mHOMS CLIENT INFORMATION SHEET

Version: 07/2020

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):

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

☐ No [1] ☐ Yes [2] ☐ Partially [3]

CAREGIVER AVAILABLE TO CLIENT?

☐ Yes ☐ No

DISCHARGE REASON

DISCHARGE DESTINATION

ENTER LETTER
OPTIONS
(LOCATED ON
PAGE 2)

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

DISCHARGE REASON

E - Change in medical insurance
F - Client receiving services/Tx elsewhere
G - Client/Family dissatisfied
K - Death – non suicide
J - Death – suicide
L - Incarcerated
C - Ineligible for services/medical necessity not met
H - Left against medical advice
B - Lost Contact
D - Moved away from service area
A - No longer requires services at this level of care
M - Other
I - Refused services
N - Requires higher level of care

DISCHARGE DESTINATION

I - Jail/Prison
J - Not Applicable
K - Other
E - Self-care/family/gen community support
B - Transferred to EQUIVALENT level of care
C - Transferred to HIGHER level of care
D - Transferred to LOWER level of care
A - Transferred to Primary Care Physician
G - Unknown: Never returned
H - Unknown: Not eligible for services
F - Unknown: Referred to non-County services