

UNIFIED SERVICES TRANSACTION EMERGENCY / SCREENING

>REGISTRATION<

INSTRUCTIONS: PLEASE TYPE ENTRIES 1. THROUGH 5.

1. PROJECT NAME: _____

2. PROJECT CODE

3. CLIENT/PATIENT NO.

4. DATE OF BIRTH

MONTH	DAY	YEAR					

5. UNIQUE CLIENT ID

INSTRUCTIONS: HANDPRINT CLEARLY IN BOXES AND CIRCLE LETTERS FOR MULTI-RESPONSE QUESTIONS 6. THROUGH 51. SEE CODES ON REVERSE.

6. ZIP CODE

7. CO-MUN CODE OF RESIDENCE

8. SERVICE AREA OF RESIDENCE

9. PROGRAM ELEMENT

10. DATE OF FIRST FACE-TO-FACE CONTACT
 MO DA YR

11. REFERRAL SOURCE

12. SEX
M - Male
F - Female

13. RACE / ETHNICITY

14. ENGLISH SPEAKING

15. MARITAL STATUS

16. LIVING CIRCUMSTANCE

17. RESIDENTIAL ARRANGEMENT

18. VETERAN
Y - Yes
N - No

19. EMPLOYMENT STATUS

20. EDUCATION (Highest grade level)

21. CURRENT TYPE OF EDUCATION

22. SOURCE OF REIMBURSEMENT (Circle up to 4)
A B C D E
F G H

23. INCOME SOURCE (Circle up to 8)
A B C D E
F G H J

24. GROSS ANNUAL FAMILY INCOME

25. TOTAL PERSONS DEPENDENT ON INCOME

26. S.S. ELIGIBILITY

27. PAST SERVICE HISTORY (Circle up to 12)
A B C D E
F G H J K
L M N O P
R S T V W
X 1 2 3 4
5 6

28. CURRENT SERVICE INVOLVE - MENT (Circle up to 12)
A B C D E
F G H J K
L M N O P
R S T V W
X 1 2 3 4
5 6

29. HOSPITAL DISCHARGED FROM IN LAST 30 DAYS

30. NON-MENTAL HEALTH NEEDS (Circle up to 5)
A B C D E
F G H J K
L M N P

31. PROGRAM / SERVICE NEEDS (Circle up to 10)
A B C D E
F G H J K
L M N O P
R S T V W
X 1 2

32. LEVEL OF FUNCTIONING AT INITIAL CONTACT

33. PRESENTING PROBLEMS (Circle up to 17)
A B C D E
F G H J K
L M N O P
R S T V W
X 1 2 3 4
5 6 7 8 9

34. PRIMARY PRESENTING PROBLEM

35. HANDICAPPING CONDITIONS (Circle up to 7)
A B C D E
F G H J K

36. CO-MUDE CODE WHERE CLIENT WILL RESIDE

37. SERVICE AREA WHERE CLIENT WILL RESIDE

38. PROGRAM ELEMENT

39. TERMINATION DATE
 MO DA YR

40. LIVING CIRCUMSTANCES AT TERMINATION (Circle one)
A - Alone / Independent
B - With Relatives / Family
C - Other

41. RESIDENTIAL ARRANGEMENT AT TERMINATION

42. PRIMARY AGENCY RESPONSIBLE FOR FOLLOW-UP SERVICES

43. M.H. AGENCY / HSP. CODES
 A-PRIMARY B-SECONDARY

44. CIRCUMSTANCE AT TIME OF TERMINATION

45. PRINCIPAL DIAGNOSIS

46. SECONDARY DIAGNOSIS

47. PHYSICAL DIAGNOSIS

48. LEVEL OF FUNCTIONING AT LAST CONTACT

49. EMERGENCY CONTACTS FACE-TO-FACE

50. SCREENING CONTACTS

51. OPTIONAL / SPECIAL USE

52. FUTURE USE

53. TRANSACTION TYPE

SIGNATURE OF PERSON COMPLETING FORM

DATE

9. and 38. PROGRAM ELEMENT

- C. Designated Screening
- D. Emergency

11. REFERRAL SOURCE

EMERGENCY / SCREENING / INPATIENT

- A. Designated Screening Center
- B. Emergency
- C. CCIS Inpatient
- D. County Psychiatric Hospital
- E. State Psychiatric Hospital
- F. Other Psychiatric Inpatient
- G. General Hospital

COMMUNITY PROGRAMS/ RESIDENTIAL SOURCES

- H. Community M. H. Agency
- J. Alcohol Treatment Program
- K. Drug Treatment Program
- L. School System
- M. Other Social Service Agency
- N. Nursing Home
- O. Boarding Home
- P. Homeless Shelter
- R. Other Residential Program

LEGAL / JUSTICE SYSTEM

- S. Police / Court / Jail
- T. State Correctional Program
- V. Community Correctional Program
- W. Family Crisis Intervention Unit

INDIVIDUALS

- X. Self
- 1. Family or Friend
- 2. Private M. H. Practitioner
- 3. Private Psychiatrist
- 4. Medical Doctor
- 5. Clergy

DEPT. OF HUMAN SERVICES

- 6. DYFS
- 7. DDD
- 8. Other

13. RACE / ETHNICITY

- A. American Indian/Alaskan Native
- B. Asian / Pacific Islander
- C. Black, Not of Hispanic Origin
- D. Hispanic
- E. White, Not of Hispanic Origin
- F. Other

14. ENGLISH SPEAKING

- A. Yes
- B. No. Spanish Speaking
- C. No. Other Foreign Language
- D. No. American Sign Language

15. MARITAL STATUS

- A. Married/Living as Married
- B. Widowed
- C. Divorced
- D. Separated
- E. Never Married
- F. Unknown

16. LIVING CURCUMSTANCES

- A. Alone/Independent
- B. With Relatives/Family
- C. Other

17. and 41. RESIDENTIAL

- A. Private Residence
- B. Cooperative Living Situation (No MH Svcs)
- C. Foster Family Care
- D. Homeless/On Street
- E. Community Residential Program (With MH Svcs)
- F. Boarding Home/RHCF
- G. Nursing Home/SNF/ICF
- H. Residential Substance Abuse Pgrm.
- J. DDD/MR Residence
- K. DYFS Residential Treatment Ctr.
- L. Children's Group Home / Teaching Family Program
- M. Homeless Shelter
- N. Other Residential Program
- O. State Psychiatric Hospital
- P. County Psychiatric Hospital
- R. CCIS Inpatient
- S. Other Psychiatric Inpatient
- T. State Correctional Facility
- V. Detention Center
- W. Other Institutional Setting
- X. Unknown

19. EMPLOYMENT STATUS

- A. Employed – Full – Time
- B. Employed – Part – Time
- C. Armed Services
- D. Sheltered Employment
- E. Unemployed
- F. Not in Labor Force
- G. Unknown

21. CURRENT TYPE OF EDUCATION

- A. Regular / Vocational Education
- B. Special Education
- C. Post High School Education
- D. Not in School

22. SOURCE OF REIMBURSEMENT

- A. None – Organization to absorb total cost
- B. Self/Legally Responsible Relative
- C. Medicaid
- D. Medicare
- E. Other Public Sources
- F. Service Contract (e.g., HMO)
- G. Other Third Party Insurance
- H. Unknown

23. INCOME SOURCE

- A. Disability Insurance / Workman's Comp.
- B. Family or Relative
- C. Pension
- D. Public Assistance
- E. Social Security
- F. Unemployment Insurance
- G. Wage/Salary Income
- H. Other
- J. Unknown

26. S. S. ELIGIBILITY

- A. Determined Eligible
- B. Potentially Eligible
- C. Probably Not Eligible
- D. Determined to be Ineligible

27. PAST SERVICE HISTORY and 28. CURRENT SERVICE INVOLVEMENT

- A. Alcohol Treatment Program
- B. Drug Treatment Program
- C. Community Corrections Program
- D. Correctional Facility
- E. Detention Center
- F. Probation
- G. DDD
- H. DYFS

27. and 28. (continued)

- J. Family Crisis Intervention Unit
- K. Child Study Team Evaluation
- L. Group Home With MH Services
- M. Specialized Foster Care
- N. Public Welfare
- O. Other Social Service Agency
- P. State Psychiatric Hospital
- R. County Psychiatric Hospital
- S. CCIS Inpatient
- T. Other Psychiatric Inpatient
- V. Clinical Case Management / Youth Case Management
- W. Outpatient /Counseling
- X. Partial Care
- 1. Residential Care
- 2. Emergency Mobile Outreach / Treatment Team
- 3. Liaison Services
- 4. System Advocacy
- 5. Self Help Services
- 6. None

30. NON-MENTAL HEALTH NEEDS

- A. Alcohol Abuse Services
- B. Correctional
- C. Drug Abuse Services
- D. Education
- E. Employment
- F. Financial
- G. Housing
- H. Legal/Justice
- J. Medical/Health Related
- K. Pastoral
- L. Recreation
- M. Transportation
- N. Other
- P. None

31. PROGRAM / SERVICE NEEDS

- A. Crisis Stabilization/ Emergency Services
- B. CCIS Inpatient
- C. Other Psychiatric Inpatient
- D. Client Advocacy
- E. Dally Living Skills
- F. Medication Monitoring/Education
- G. Partial Care
- H. Psychological / Psychiatric Evaluation Only
- J. Psychotherapy / Counseling
- K. Self-Help Services
- L. Service Coordination / Linkage
- M. Community Residential Program (With MH Svcs)
- N. Crisis Housing
- O. Outreach / In-Home Services
- P. Residential Support Services
- S. Pre-Vocational Services
- T. Transitional/Supported Employment
- V. Child Study Team Evaluation
- W. DDD
- X. DYFS
- 1. Information and Referral
- 2. Other

33. Problems and 34. Primary Problem

- A. Alcohol Abuse
- B. Anxiety
- C. Assaultive Behavior/Threat
- D. Bizarre Behavior
- E. Compulsive Gambling
- F. Dally Living Problems
- G. Depression/Mood Disorder
- H. Destructive to Property
- J. Developmental Disability
- K. Drug Abuse
- L. Eating Disorder
- M. Economic Stress
- N. Fire Setting/Ideation
- O. Homicidal Behavior/Threat
- P. Legal/Justice Involvement

33. and 34. (continued)

- R. Marital/Family Problem
- S. Medical/Somatic Complaints
- T. No Social Support Resources
- V. Organic Mental Disorder
- W. Physical Abuse/Assault Victim
- X. Physical Neglect
- 1. Runaway Behavior
- 2. School Problems
- 3. Sexual Abuse/Rape Victim
- 4. Sexual Abuser
- 5. Social/Interpersonal (Non-family)
- 6. Suicide Attempt
- 7. Suicide Threat
- 8. Thought Disorder
- 9. Other

35. HANDICAPPING CONDITIONS

- A. Ambulatory/Orthopedic
- B. Auditory
- C. Communication
- D. Developmental Disability/MR
- E. Neurologically Impaired
- F. Medical
- G. Visual
- H. Emotionally Disturbed (Ed. Classification Only)
- J. Perceptually Impaired (Ed. Classification Only)
- K. None

42. PRIMARY AGENCY

- SCREENING / INPATIENT
- A. Designated Screening Center
- B. Short term Care Facility
- C. CCIS Inpatient
- D. Country Psychiatric Hospital
- E. State Psychiatric Hospital
- F. Other Psychiatric Inpatient
- G. General Hospital
- COMMUNITY PROGRAMS / RESIDENTIAL SOURCES
- H. Community Mental Health Agency
- J. Alcohol Treatment Program
- K. Drug Treatment Program
- L. School System
- M. Other Social Service Agency
- N. Nursing Home
- O. Boarding Home
- P. Homeless Shelter
- R. Other Residential Program
- LEGAL / JUSTICE SYSTEM
- S. Police / Court / Jail
- T. State Corrections Program
- V. Community Corrections Program
- W. Family Crisis Intervention Util
- INDIVIDUALS
- X. Private Mental Health Practitioner
- 1. Private Psychiatrist
- 2. Medical Doctor
- 3. Clergy
- DEPARTMENT OF HUMAN SERVICES
- 4. DYFS
- 5. DDD
- 6. Other
- 7. No Referral

44. CIRCUMSTANCE

- A. Termination With Referral
- Termination without Referral:
- B. No Further Services Needed
- C. Further services Needed But Not Available / Treatment Goal Met
- D. Further services Needed But Not Rejected By Client
- E. Further services Needed But Rejected By Parent / Guardian
- F. Client Lost To Contact, Follow-Up Attempted, No Contact Made
- G. Client Lost To Contact, No Follow-Up Attempted
- H. Client Moved / Known to Be Unavail.
- J. Client Died On Premises
- K. Client Died Off Premises