**STATE OF FLORIDA, DEPT OF CHILDREN & FAMILES**

**SUBSTANCE ABUSE & MENTAL HEALTH**

**CLIENT DEMOGRAPHIC FORM**

(\* Mandatory Fields) (Reference Chapter 4, DCF Pam 155-2)

| **#** | **Demographic Data** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 1 | **\* Provider Identifier:** Federal Tax Identification Number | \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | FederalTaxIdentifierSection 3.1.4 |
| 2 | **\*Client First Name:**Up to 100 characters. |  | FirstNameSection 3.1.4 |
| 3 | **Client Middle Name:**Up to 100 characters. |  | MiddleNameSection 3.1.4 |
| 4 | **\*Client Last Name**Up to 100 characters. |  | LastNameSection 3.1.4 |
| 5 | **Client Suffix**Up to 100 characters. |  | SuffixNameSection 3.1.4 |
| 6 | **Unique Client Identifier**Required if known. |  | UniqueClientIdentifierSection 3.1.4 |
| 7 | **\*Client Date of Birth** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | BirthDateSection 3.1.4 |
| 8 | **\*Client Gender** |

|  |  |
| --- | --- |
| 🞎 1 Male | 🞎 2 Female |

 | GenderCodeSection 3.1.4 |
| 9 | **\*Client Ethnicity** |

|  |  |
| --- | --- |
| 🞎 1 Puerto Rican | 🞎 5 Haitian |
| 🞎 2 Mexican | 🞎 6 None of the Above |
| 🞎 3 Cuban | 🞎 7 Mexican American |
| 🞎 4 Other Hispanic | 🞎 8 Spanish/Latino |

 | EthnicityCodeSection 3.1.4 |
| 10 | **\*Client Race** |

|  |  |
| --- | --- |
| 🞎 1 White | 🞎 7 Asian |
| 🞎 2 Black | 🞎 8 Native Hawaiian or |
| 🞎 3 American Indian |  Other Pacific Islander |
| 🞎 4 Other | 🞎 9 Multi-Racial |
| 🞎 5 Alaskan Native |  |

 | RaceCodeSection 3.1.4 |

| **#** | **Client Identifier**  | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 11 | **\*Client SSN**Must be provided if known. | \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | IdentifierSection 3.3.3 |
| 12 | **Client Pseudo SSN**Must be provided if SSN is not provided. | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | IdentifierSection 3.3.3 |
| 13 | **Client Medicaid Number**Up to 50 characters.Must be provided if known. |  | IdentifierSection 3.3.3 |

| **#** | **Client Address**  | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 14 | **Home Address**: StreetUp to 100 characters. |   | StreetAddressSection 3.5.4 |
| 15 | Home Address: CityUp to 100 characters. |  | CityNameSection 3.5.4 |
| 16 | Home Address: State CodeMust be valid code from Appendix 5. | \_\_ \_\_ | StateCodeSection 3.5.4 |
| 17 | Home Address: Zip | \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | PostalCodeSection 3.5.4 |
| 18 | Home Address: County CodeMust be valid code from Appendix 5. Must be 99 if State Code is not FL | \_\_ \_\_ | CountyAreaCodeSection 3.5.4 |
| 19 | **Mailing Address**: StreetUp to 100 characters. |   | StreetAddressSection 3.5.4 |
| 20 | Mailing Address: CityUp to 100 characters. |  | CityNameSection 3.5.4 |
| 21 | Mailing Address: State CodeMust be valid code from Appendix 5. | \_\_ \_\_ | StateCodeSection 3.5.4 |
| 22 | Mailing Address: Zip | \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | PostalCodeSection 3.5.4 |
| 23 | Mailing Address: County CodeMust be valid code from Appendix 5.Must be 99 if State Code is not FL. | \_\_ \_\_ | CountyAreaCodeSection 3.5.4 |
| 24 | **Work Address**: StreetUp to 100 characters. |   | StreetAddressSection 3.5.4 |
| 25 | Work Address: CityUp to 100 characters. |  | CityNameSection 3.5.4 |
| 26 | Work Address: State CodeMust be valid code from Appendix 5. | \_\_ \_\_ | StateCodeSection 3.5.4 |
| 27 | Work Address: Zip | \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | PostalCodeSection 3.5.4 |
| 28 | Work Address: County CodeMust be valid code from Appendix 5.Must be 99 if State Code is not FL. | \_\_ \_\_ | CountyAreaCodeSection 3.5.4 |

| **#** | **Other Client Information**  | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 29 | **\*Email Address**Up to 255 characters. |  | EmailAddressSection 3.2.4 |
| 30 | **Work Phone Number** | \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | PhoneNumberSection 3.4.4 |
| 31 | **Home Phone Number** | \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | PhoneNumberSection 3.4.4 |
| 32 | **Mobile Phone Number** | \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | PhoneNumberSection 3.4.4 |

| **Signature** | **Date**  |
| --- | --- |
|  | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |