**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 | \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | FederalTaxIdentifier  Section 3.1.4 |
| 2 | **\*Client First Name:**  Up to 100 characters. |  | FirstName  Section 3.1.4 |
| 3 | **Client Middle Name:**  Up to 100 characters. |  | MiddleName  Section 3.1.4 |
| 4 | **\*Client Last Name**  Up to 100 characters. |  | LastName  Section 3.1.4 |
| 5 | **Client Suffix**  Up to 100 characters. |  | SuffixName  Section 3.1.4 |
| 6 | **Unique Client Identifier**  Required if known. |  | UniqueClientIdentifier  Section 3.1.4 |
| 7 | **\*Client Date of Birth** | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | BirthDate  Section 3.1.4 |
| 8 | **\*Client Gender** | |  |  | | --- | --- | | 🞎 1 Male | 🞎 2 Female | | GenderCode  Section 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 | | EthnicityCode  Section 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 |  | | RaceCode  Section 3.1.4 |

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

| **#** | **Client Address** | **Enter Value Here** | **Chapter Reference** |
| --- | --- | --- | --- |
| 14 | **Home Address**: Street  Up to 100 characters. |  | StreetAddress  Section 3.5.4 |
| 15 | Home Address: City  Up to 100 characters. |  | CityName  Section 3.5.4 |
| 16 | Home Address: State Code  Must be valid code from Appendix 5. | \_\_ \_\_ | StateCode  Section 3.5.4 |
| 17 | Home Address: Zip | \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | PostalCode  Section 3.5.4 |
| 18 | Home Address: County Code  Must be valid code from Appendix 5. Must be 99 if State Code is not FL | \_\_ \_\_ | CountyAreaCode  Section 3.5.4 |
| 19 | **Mailing Address**: Street  Up to 100 characters. |  | StreetAddress  Section 3.5.4 |
| 20 | Mailing Address: City  Up to 100 characters. |  | CityName  Section 3.5.4 |
| 21 | Mailing Address: State Code  Must be valid code from Appendix 5. | \_\_ \_\_ | StateCode  Section 3.5.4 |
| 22 | Mailing Address: Zip | \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | PostalCode  Section 3.5.4 |
| 23 | Mailing Address: County Code  Must be valid code from Appendix 5.  Must be 99 if State Code is not FL. | \_\_ \_\_ | CountyAreaCode  Section 3.5.4 |
| 24 | **Work Address**: Street  Up to 100 characters. |  | StreetAddress  Section 3.5.4 |
| 25 | Work Address: City  Up to 100 characters. |  | CityName  Section 3.5.4 |
| 26 | Work Address: State Code  Must be valid code from Appendix 5. | \_\_ \_\_ | StateCode  Section 3.5.4 |
| 27 | Work Address: Zip | \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ | PostalCode  Section 3.5.4 |
| 28 | Work Address: County Code  Must be valid code from Appendix 5.  Must be 99 if State Code is not FL. | \_\_ \_\_ | CountyAreaCode  Section 3.5.4 |

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

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