

**STATE OF FLORIDA
SUBSTANCE ABUSE & MENTAL HEALTH
SUBSTANCE ABUSE ADMISSION FORM**

(* **Mandatory Fields**)

(Reference: Chapter 6A, DCF Pam 155-2)

Client's Name:

1. *CONTRACTOR IDENTIFIER: ____ - ____ - ____ <small>Federal Tax Identification number ex. 59-1234567.</small>	Page 6A - 3
2. *SITE IDENTIFIER: ____ ____	Page 6A - 3
3. *CLIENT SSN: ____ - ____ - ____ <small>The SSN must be 9 digits without dashes. It cannot start with 000 or 999. If unavailable use Pseudo-social. Instructions in SAMH Pamphlet</small>	Page 6A - 3
4. CLIENT ID: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____	Page 6A - 3
5. *RESIDENT COUNTY: ____ ____	Page 6A - 3
6. *HIGHEST EDUCATION: ____ ____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 00 - No Schooling <input type="checkbox"/> 01 - Grade 1 <input type="checkbox"/> 02 - Grade 2 <input type="checkbox"/> 03 - Grade 3 <input type="checkbox"/> 04 - Grade 4 <input type="checkbox"/> 05 - Grade 5 <input type="checkbox"/> 06 - Grade 6 <input type="checkbox"/> 07 - Grade 7 <input type="checkbox"/> 08 - Grade 8 <input type="checkbox"/> 24 - Grade 9 <input type="checkbox"/> 25 - Grade 10 <input type="checkbox"/> 26 - Grade 11 <input type="checkbox"/> 27 - Grade 12 <input type="checkbox"/> 28 - High School Graduate, Diploma/GED </div> <div style="width: 45%;"> <input type="checkbox"/> 30 - Associate's Degree (AA, AS, etc.) <input type="checkbox"/> 31 - Bachelor's Degree (BA, BS, AB, etc.) <input type="checkbox"/> 32 - Master's Degree (MS, MA, MSW, etc.) <input type="checkbox"/> 33 - Professional Degree (MD, DDS, JD, etc.) <input type="checkbox"/> 34 - Doctorate Degree (PhD, EDD, etc.) <input type="checkbox"/> 35 - Special School <input type="checkbox"/> 36 - Vocational School <input type="checkbox"/> 37 - College Undergraduate Freshman (1st Year) <input type="checkbox"/> 38 - College Undergraduate Freshman (2nd Year) <input type="checkbox"/> 39 - College Undergraduate Freshman (3rd Year) <input type="checkbox"/> 40 - College Undergraduate Freshman (4th Year) <input type="checkbox"/> 41 - Kindergarten <input type="checkbox"/> 42 - Nursery School/Preschool/Head Start </div> </div>	Page 6A - 3
7. *MARITAL STATUS: ____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 - Single <input type="checkbox"/> 2 - Married <input type="checkbox"/> 3 - Widowed <input type="checkbox"/> 4 - Divorced </div> <div style="width: 45%;"> <input type="checkbox"/> 5 - Separated <input type="checkbox"/> 6 - Unreported <input type="checkbox"/> 7 - Registered Domestic Partner <input type="checkbox"/> 8 - Legally Separated </div> </div>	Page 6A - 3
8. *HEALTH STATUS (HIPAA): ____ <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> 1 - Agitated <input type="checkbox"/> 2 - Comatose <input type="checkbox"/> 3 - Disoriented </div> <div style="width: 30%;"> <input type="checkbox"/> 4 - Depressed <input type="checkbox"/> 5 - Forgetful <input type="checkbox"/> 6 - Lethargic </div> <div style="width: 30%;"> <input type="checkbox"/> 7 - Other Mental Condition <input type="checkbox"/> 8 - Oriented </div> </div>	Page 6A - 3
9. *PREGNANCY TRIMESTER: ____ <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> 1 - 1-3 Months <input type="checkbox"/> 2 - 4-6 Months </div> <div style="width: 30%;"> <input type="checkbox"/> 3 - 7-9 Months <input type="checkbox"/> 4 - Not Pregnant or male </div> <div style="width: 30%;"> <input type="checkbox"/> 5 - Unknown </div> </div>	Page 6A - 3

10. *ADMISSION TYPE: ____ <input type="checkbox"/> 1 - Voluntary Competent <input type="checkbox"/> 3 - Involuntary Competent <input type="checkbox"/> 2 - Voluntary Incompetent <input type="checkbox"/> 4 - Involuntary Incompetent	Page 6A - 4
11. *DRUG COURT ORDERED: ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1- Yes	Page 6A - 4
12. *INVOLVED IN CHILD WELFARE: ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A - 4
13. *RESIDENTIAL STATUS: ____ ____ <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> 01 - Independent Living-alone <input type="checkbox"/> 02 - Independent Living-with Relatives <input type="checkbox"/> 03 - Independent Living –with Non-Relatives <input type="checkbox"/> 04 - Dependent Living-with Relatives <input type="checkbox"/> 05 - Dependent Living-with Non-Relatives <input type="checkbox"/> 06 - Assisted Living Facility (ALF) <input type="checkbox"/> 07 - Foster Care/Home <input type="checkbox"/> 08 – Adult Residential Treatment Facility (Group Home) <input type="checkbox"/> 09 – Homeless </div> <div style="width: 50%;"> <input type="checkbox"/> 10 – State MH Treatment Facility (State Hospital) <input type="checkbox"/> 11 - Nursing Home <input type="checkbox"/> 12 - Supported Housing <input type="checkbox"/> 13 - Correctional Facility <input type="checkbox"/> 14 - DJJ Facility <input type="checkbox"/> 15 – Crisis Residence <input type="checkbox"/> 16 – Children Residential Treatment Facility <input type="checkbox"/> 17 – Limited Mental Health Licensed ALF <input type="checkbox"/> 18 – Other Residential Status <input type="checkbox"/> 99 - Not Available or Unknown </div> </div>	Page 6A - 4
14. *DEPENDENCY/CRIMINAL STATUS: ____ ____ <input type="checkbox"/> 00 – Insufficient Information <div style="display: flex;"> <div style="width: 50%;"> <p>Adjudicated Children:</p> <input type="checkbox"/> 01 - Delinquent, in physical custody <input type="checkbox"/> 02 - Delinquent, not in physical custody <input type="checkbox"/> 03 - Dependent, in physical custody <input type="checkbox"/> 04 - Dependent, not in physical custody <input type="checkbox"/> 05 - Dependent & Delinquent, in physical custody <input type="checkbox"/> 06 - Dependent & Delinquent, not in physical custody <input type="checkbox"/> 07 - “Children in Need of Services” (CINS), not in physical custody <p>Non-Adjudicated Children</p> <input type="checkbox"/> 08 - Other DCF program status <input type="checkbox"/> 09 - Under custody & supervision of family/guardian <p>Adults with No Court Jurisdiction:</p> <input type="checkbox"/> 10 - Competent, no charges <input type="checkbox"/> 11 - Civil incompetence of person or property <p>Adults with Court Jurisdiction:</p> <p>Criminal Competent</p> <input type="checkbox"/> 12 – Incarcerated <input type="checkbox"/> 13 - Release pending hearing <input type="checkbox"/> 14 - this code is no longer used <input type="checkbox"/> 15 - this code is no longer used </div> <div style="width: 50%;"> <p>Adults with Court Jurisdiction (Cont.):</p> <p>Criminal Incompetent:</p> <input type="checkbox"/> 16 - Release pending hearing ITP <input type="checkbox"/> 17 - Involuntarily hospitalized (direct commit) <input type="checkbox"/> 18 – Incarcerated <input type="checkbox"/> 19 - Involuntarily hospitalized - revocation of conditional release. <input type="checkbox"/> 20 - No longer used <input type="checkbox"/> 21 - Conditionally released <p>Not Guilty by Reason of Insanity (NGI):</p> <input type="checkbox"/> 22 - Involuntary hospital - direct commit. <input type="checkbox"/> 23 - Involuntary hospital – revocation of conditional release. <input type="checkbox"/> 24 - Released pending hearing. <input type="checkbox"/> 25 - Conditionally released. <input type="checkbox"/> 26 - Incarcerated. <input type="checkbox"/> 29 - Incompetent to Proceed – Ages 21+ <p>Juvenile Incompetent to Proceed</p> <input type="checkbox"/> 27 - Incompetent to Proceed - Ages 0 - 17 <input type="checkbox"/> 28 - Incompetent to Proceed - Ages 18 - 20 <input type="checkbox"/> 28 - Incompetent to Proceed – Age 21 </div> </div>	Pages 6A – 4

*SUBSTANCE PROBLEM 15. *Primary: __ __ 16. Secondary: __ __ 17. Tertiary: __ __	Pages 6A – 4 and 5 Drug list in Appendix 5
*USUAL ROUTE OF ADMINISTRATION 18. *Primary: __ <input type="checkbox"/> 1 – Oral <input type="checkbox"/> 4 – Injection 19. Secondary: __ <input type="checkbox"/> 2 – Smoking <input type="checkbox"/> 5 – Other 20. Tertiary: __ <input type="checkbox"/> 3 – Inhalation	Page 6A – 5
*FREQUENCY OF USE (MONTH PRIOR TO EVALUATION) 21. *Primary: __ <input type="checkbox"/> 1 - No past month use <input type="checkbox"/> 4 - 3 to 6 times per week 22. Secondary: __ <input type="checkbox"/> 2 - 1 to 3 times in past month <input type="checkbox"/> 5 - Daily 23. Tertiary: __ <input type="checkbox"/> 3 - 1 to 2 times per week	Page 6A – 5 and 6
*AGE OF FIRST DRUG OR ALCOHOL USE 24. *Primary: __ __ 25. Secondary: __ __ 26. Tertiary: __ __	Page 6A - 6
27. *STAFF ID: ____ - ____	Page 6A - 6
28. *PURPOSE OF EVALUATION: <input type="checkbox"/> 1 – Initial <input type="checkbox"/> 2 – Immediate Discharge	Page 6A - 6
29. *EVALUATION DATE: ____ / ____ / ____	Page 6A - 6
30. *CHILD PREVENTION: <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A – 7
31. *DRUGS HARMFUL: <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A – 7
32. *ALCOHOL HARMFUL: <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A – 7
33. *TOBACCO HARMFUL: <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A – 7
34. *TOBACCO USE: <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A – 7
35. *LEGAL GUARDIAN: ____ <input type="checkbox"/> 1 – Parent <input type="checkbox"/> 3 – Non-Relative <input type="checkbox"/> 5 – State or Public Agency <input type="checkbox"/> 1 – Other Relative <input type="checkbox"/> 4 – Emancipated Minor <input type="checkbox"/> 6 – Not Applicable	Page 6A – 7
36. *EMPLOYMENT: __ __ <input type="checkbox"/> 10 - Active Military, Overseas <input type="checkbox"/> 70 - Terminated/Unemployed <input type="checkbox"/> 11 - Active Military, USA <input type="checkbox"/> 81 - Homemaker (must keep house for 1 or more others) <input type="checkbox"/> 12 - Full Time <input type="checkbox"/> 82 - Student <input type="checkbox"/> 31 - * Unpaid Family Worker <input type="checkbox"/> 83 - Disabled <input type="checkbox"/> 40 - Part Time <input type="checkbox"/> 84 - Criminal Inmate <input type="checkbox"/> 50 - Leave of Absence <input type="checkbox"/> 85 - Inmate Other <input type="checkbox"/> 60 - Retired <input type="checkbox"/> 86 - Not Authorized to Work <p>* Note: Unpaid Family Worker – A family member who works at least 15 hours or more a week without pay in a family-operated enterprise. If an individual refuses to work because they are making money through illegal activities (i.e., drug sales or prostitution) the client should be coded as unemployed '70'.</p>	Page 6A – 7
37. *PRIMARY INCOME SOURCE: ____ <input type="checkbox"/> 1 – Salary <input type="checkbox"/> 4 -Disability <input type="checkbox"/> 2 - TANF <input type="checkbox"/> 5 -Other <input type="checkbox"/> 7 – Unknown <input type="checkbox"/> 3 – Retirement/Pension/SSI <input type="checkbox"/> 6- None	Page 6A – 7

38. *PERSONAL INCOME: ____ Enter annual income by thousands (01-98) or choose one of the following codes: <input type="checkbox"/> 1 – No Income <input type="checkbox"/> 98 – Income Over 98,000 <input type="checkbox"/> 99 – Unknown Income	Page 6A – 8
39. *FAMILY INCOME: ____ Enter annual family income by thousands (01-98) or choose one of the following codes: <input type="checkbox"/> 1 – No Income <input type="checkbox"/> 98 – Income Over 98,000 <input type="checkbox"/> 99 – Unknown Income	Page 6A – 8
40. *WAITING DAYS: ____ Enter number of days client waited to be admitted into appropriate service. 999 = Unknown 000 = No Days Waiting	Page 6A – 8
41. *POST PARTUM: ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 3 – Unknown (Must be space if male)	Page 6A – 8
42. *DEPENDENTS: ____ Enter number of dependents. 1 through 9 (9 = 9 or more)	Page 6A – 8
43. *DEVELOPMET STATUS: ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A – 8
44. *PHYSICAL DISABILITY: ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A – 8
45. *AMBULATORY STATUS: ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A – 8
46. *VISUALLY IMPAIRED: ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A – 8
47. *HEARING IMPAIRED: ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A – 9
48. *ENGLISH IMPAIRED: ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A – 9
49. *REFERRAL: ____ <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> 1 - Individual (Self-Referral) <input type="checkbox"/> 2 - Substance Abuse Care Provider <input type="checkbox"/> 3 - Mental Health Care Provider <input type="checkbox"/> 4 - Juvenile Justice (JARF's) <input type="checkbox"/> 5 - County Public Health Unit <input type="checkbox"/> 6 - School (Education) <input type="checkbox"/> 7 - Employer/Employee Assistance Program <input type="checkbox"/> 8 - Other Social Service/Health/Community Ref <input type="checkbox"/> 9 - TASC (Assessment Centers) <input type="checkbox"/> 10 - Probation/Parole/Controlled Release Authority <input type="checkbox"/> 11 - DUI/DWI <input type="checkbox"/> 12 – Pretrial <input type="checkbox"/> 13 - Prison/Jail </div> <div style="width: 48%;"> <input type="checkbox"/> 14 - Other Court Order/Recognized Legal Entity <input type="checkbox"/> 16 - SINS/FINS <input type="checkbox"/> 17 - Addictions Receiving Facilities <input type="checkbox"/> 18 - Outreach Program <input type="checkbox"/> 19 - DCF/ADM (no longer used) <input type="checkbox"/> 20 - Community Hospital <input type="checkbox"/> 21 - State Hospital <input type="checkbox"/> 22 - Physician/Doctor <input type="checkbox"/> 23 - Law Enforcement <input type="checkbox"/> 24 - Family Safety Foster Care <input type="checkbox"/> 25 - Family Safety Protective Services <input type="checkbox"/> 99 - None of the Above </div> </div>	Page 6A - 9
50. *CRIMINAL JUSTICE: ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 3 – Unknown	Page 6A - 9
51. ARREST ____ MUST be space filled – A new Arrest field is listed below which is now a 2-digit field	Page 6A – 9
52. IV HISTORY: ____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 3 – Unknown	Page 6A – 9
53. PRIOR ADMISSIONS: ____ Enter number of prior admissions into any SA treatment agency	Page 6A – 9
54. PROVIDER INFORMATION: _____	Page 6A – 9

55. *ZIP CODE: _____ US Postal Zip code for this client's residence	Page 6A – 9
56. *TANF STATUS: _____ <input type="checkbox"/> 1 – Temporary Cash Assistance <input type="checkbox"/> 2 – Diversion Family Program <input type="checkbox"/> 3 – Not a TANF Client	Page 6A – 9
57. *FAMILY SIZE: _____ Number of persons living in household 1 through 9 (9 = 9 or more)	Page 6A – 9
58. *SUBSTANCE ABUSE PROBLEM: _____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A – 9
59. *PROVIDER ID: _____ - _____	Page 6A - 10
60. SA DIAGNOSIS: _____ Must be space filled	Page 6A - 10
61. MH DIAGNOSIS: _____ Must be space filled	Page 6A - 10
62. *MARCHMAN ACT: _____ <input type="checkbox"/> 1 – Involuntary Assessment <input type="checkbox"/> 3 – Involuntary Assessment and Treatment <input type="checkbox"/> 2 – Involuntary Treatment <input type="checkbox"/> 4 – Not Applicable	Page 6A - 10
63. *COLLATERAL: _____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 2 – Unknown	Page 6A - 10
64. *OPIOID REPLACEMENT: _____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 2 – Unknown	Page 6A - 10
65. *VETERAN STATUS: _____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes <input type="checkbox"/> 2 – Unknown	Page 6A - 10
66. *CONTRACT NUMBER 1 : _____	Page 6A - 10
67. CONTRACT NUMBER 2: _____ (NO LONGER USED – MUST BE SPACE FILLED)	Page 6A - 10
68. CONTRACT NUMBER 3: _____ (NO LONGER USED – MUST BE SPACE FILLED)	Page 6A - 10
69. *MHDIAGNOSIS: _____ <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes	Page 6A - 10
70. *SOCIAL CONNECTEDNESS: _____ 01 – No attendance in the past month 04 – 8 – 15 times in past month 02 – 1-3 times in past month 05 – 16-30 times in past month 03 – 4-7 times in past month 06 – Some attendance in past month, frequency unknown	Page 6A - 10
71. *SCHOOL ATTENDANCE: _____ <input type="checkbox"/> 1 – Suspended <input type="checkbox"/> 2 – Expelled <input type="checkbox"/> 3 – Suspended and Expelled <input type="checkbox"/> 4 – Not Applicable	Page 6A – 11
72. *ARREST: _____ Number of arrests in the last 30 days	Page 6A – 11
73. *SADIAG10: _____	Page 6A – 11
74. MHDIAG10: _____	Page 6A – 11
Signature: _____ Date: ____/____/____	