

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

(* **Mandatory Fields**)

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

Client's Name:

<p>1. *CONTRACTOR IDENTIFIER: _____ - _____ Federal Tax Identification number ex. 59-1234567.</p>	Page 6A - 3																												
<p>2. *SITE IDENTIFIER: ____ ____</p>	Page 6A - 3																												
<p>3. *CLIENT SSN: _____ - _____ - _____ The SSN must be 9 digits without dashes. It cannot start with 000 or 999. If unavailable use Pseudo-social. Instructions in SAMH Pamphlet</p>	Page 6A - 3																												
<p>4. CLIENT ID: _____</p>	Page 6A - 3																												
<p>5. *RESIDENT COUNTY: ____ ____</p>	Page 6A - 3																												
<p>6. *HIGHEST EDUCATION: ____ ____</p> <table border="0"> <tr> <td><input type="checkbox"/> 00 - No Schooling</td> <td><input type="checkbox"/> 30 - Associate's Degree (AA, AS, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 01 - Grade 1</td> <td><input type="checkbox"/> 31 - Bachelor's Degree (BA, BS, AB, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 02 - Grade 2</td> <td><input type="checkbox"/> 32 - Master's Degree (MS, MA, MSW, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 03 - Grade 3</td> <td><input type="checkbox"/> 33 - Professional Degree (MD, DDS, JD, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 04 - Grade 4</td> <td><input type="checkbox"/> 34 - Doctorate Degree (PhD, EDD, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 05 - Grade 5</td> <td><input type="checkbox"/> 35 - Special School</td> </tr> <tr> <td><input type="checkbox"/> 06 - Grade 6</td> <td><input type="checkbox"/> 36 - Vocational School</td> </tr> <tr> <td><input type="checkbox"/> 07 - Grade 7</td> <td><input type="checkbox"/> 37 - College Undergraduate Freshman (1st Year)</td> </tr> <tr> <td><input type="checkbox"/> 08 - Grade 8</td> <td><input type="checkbox"/> 38 - College Undergraduate Freshman (2nd Year)</td> </tr> <tr> <td><input type="checkbox"/> 24 - Grade 9</td> <td><input type="checkbox"/> 39 - College Undergraduate Freshman (3rd Year)</td> </tr> <tr> <td><input type="checkbox"/> 25 - Grade 10</td> <td><input type="checkbox"/> 40 - College Undergraduate Freshman (4th Year)</td> </tr> <tr> <td><input type="checkbox"/> 26 - Grade 11</td> <td><input type="checkbox"/> 41 - Kindergarten</td> </tr> <tr> <td><input type="checkbox"/> 27 - Grade 12</td> <td><input type="checkbox"/> 42 - Nursery School/Preschool/Head Start</td> </tr> <tr> <td><input type="checkbox"/> 28 - High School Graduate, Diploma/GED</td> <td></td> </tr> </table>	<input type="checkbox"/> 00 - No Schooling	<input type="checkbox"/> 30 - Associate's Degree (AA, AS, etc.)	<input type="checkbox"/> 01 - Grade 1	<input type="checkbox"/> 31 - Bachelor's Degree (BA, BS, AB, etc.)	<input type="checkbox"/> 02 - Grade 2	<input type="checkbox"/> 32 - Master's Degree (MS, MA, MSW, etc.)	<input type="checkbox"/> 03 - Grade 3	<input type="checkbox"/> 33 - Professional Degree (MD, DDS, JD, etc.)	<input type="checkbox"/> 04 - Grade 4	<input type="checkbox"/> 34 - Doctorate Degree (PhD, EDD, etc.)	<input type="checkbox"/> 05 - Grade 5	<input type="checkbox"/> 35 - Special School	<input type="checkbox"/> 06 - Grade 6	<input type="checkbox"/> 36 - Vocational School	<input type="checkbox"/> 07 - Grade 7	<input type="checkbox"/> 37 - College Undergraduate Freshman (1 st Year)	<input type="checkbox"/> 08 - Grade 8	<input type="checkbox"/> 38 - College Undergraduate Freshman (2 nd Year)	<input type="checkbox"/> 24 - Grade 9	<input type="checkbox"/> 39 - College Undergraduate Freshman (3 rd Year)	<input type="checkbox"/> 25 - Grade 10	<input type="checkbox"/> 40 - College Undergraduate Freshman (4 th Year)	<input type="checkbox"/> 26 - Grade 11	<input type="checkbox"/> 41 - Kindergarten	<input type="checkbox"/> 27 - Grade 12	<input type="checkbox"/> 42 - Nursery School/Preschool/Head Start	<input type="checkbox"/> 28 - High School Graduate, Diploma/GED		Page 6A - 3
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<p>8. *HEALTH STATUS (HIPAA): ____</p> <table border="0"> <tr> <td><input type="checkbox"/> 1 - Agitated</td> <td><input type="checkbox"/> 4 - Depressed</td> <td><input type="checkbox"/> 7 - Other Mental Condition</td> </tr> <tr> <td><input type="checkbox"/> 2 - Comatose</td> <td><input type="checkbox"/> 5 - Forgetful</td> <td><input type="checkbox"/> 8 - Oriented</td> </tr> <tr> <td><input type="checkbox"/> 3 - Disoriented</td> <td><input type="checkbox"/> 6 - Lethargic</td> <td></td> </tr> </table>	<input type="checkbox"/> 1 - Agitated	<input type="checkbox"/> 4 - Depressed	<input type="checkbox"/> 7 - Other Mental Condition	<input type="checkbox"/> 2 - Comatose	<input type="checkbox"/> 5 - Forgetful	<input type="checkbox"/> 8 - Oriented	<input type="checkbox"/> 3 - Disoriented	<input type="checkbox"/> 6 - Lethargic		Page 6A - 3																			
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<p>9. *PREGNANCY TRIMESTER: ____</p> <table border="0"> <tr> <td><input type="checkbox"/> 1 - 1-3 Months</td> <td><input type="checkbox"/> 3 - 7-9 Months</td> <td><input type="checkbox"/> 5 - Unknown</td> </tr> <tr> <td><input type="checkbox"/> 2 - 4-6 Months</td> <td><input type="checkbox"/> 4 - Not Pregnant or male</td> <td></td> </tr> </table>	<input type="checkbox"/> 1 - 1-3 Months	<input type="checkbox"/> 3 - 7-9 Months	<input type="checkbox"/> 5 - Unknown	<input type="checkbox"/> 2 - 4-6 Months	<input type="checkbox"/> 4 - Not Pregnant or male		Page 6A - 3																						
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<p>10. *ADMISSION TYPE: ____</p> <p><input type="checkbox"/> 1 - Voluntary Competent <input type="checkbox"/> 3 - Involuntary Competent</p> <p><input type="checkbox"/> 2 - Voluntary Incompetent <input type="checkbox"/> 4 - Involuntary Incompetent</p>	Page 6A - 4
<p>11. *DRUG COURT ORDERED: ____</p> <p><input type="checkbox"/> 0 – No <input type="checkbox"/> 1- Yes</p>	Page 6A - 4
<p>12. *INVOLVED IN CHILD WELFARE: ____</p> <p><input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes</p>	Page 6A - 4
<p>13. *RESIDENTIAL STATUS: ____ ____</p> <p><input type="checkbox"/> 01 - Independent Living-alone <input type="checkbox"/> 10 – State MH Treatment Facility (State Hospital)</p> <p><input type="checkbox"/> 02 - Independent Living-with Relatives <input type="checkbox"/> 11 - Nursing Home</p> <p><input type="checkbox"/> 03 - Independent Living –with Non-Relatives <input type="checkbox"/> 12 - Supported Housing</p> <p><input type="checkbox"/> 04 - Dependent Living-with Relatives <input type="checkbox"/> 13 - Correctional Facility</p> <p><input type="checkbox"/> 05 - Dependent Living-with Non-Relatives <input type="checkbox"/> 14 - DJJ Facility</p> <p><input type="checkbox"/> 06 - Assisted Living Facility (ALF) <input type="checkbox"/> 15 – Crisis Residence</p> <p><input type="checkbox"/> 07 - Foster Care/Home <input type="checkbox"/> 16 – Children Residential Treatment Facility</p> <p><input type="checkbox"/> 08 – Adult Residential Treatment Facility (Group Home) <input type="checkbox"/> 17 – Limited Mental Health Licensed ALF</p> <p><input type="checkbox"/> 09 – Homeless <input type="checkbox"/> 18 – Other Residential Status</p> <p><input type="checkbox"/> 99 - Not Available or Unknown</p>	Page 6A - 4
<p>14. *DEPENDENCY/CRIMINAL STATUS: __ __</p> <p><input type="checkbox"/> 00 – Insufficient Information</p> <p>Adjudicated Children:</p> <p><input type="checkbox"/> 01 - Delinquent, in physical custody</p> <p><input type="checkbox"/> 02 - Delinquent, not in physical custody</p> <p><input type="checkbox"/> 03 - Dependent, in physical custody</p> <p><input type="checkbox"/> 04 - Dependent, not in physical custody</p> <p><input type="checkbox"/> 05 - Dependent & Delinquent, in physical custody</p> <p><input type="checkbox"/> 06 - Dependent & Delinquent, not in physical custody</p> <p><input type="checkbox"/> 07 - “Children in Need of Services” (CINS), not in physical custody</p> <p>Non-Adjudicated Children</p> <p><input type="checkbox"/> 08 - Other DCF program status</p> <p><input type="checkbox"/> 09 - Under custody & supervision of family/guardian</p> <p>Adults with No Court Jurisdiction:</p> <p><input type="checkbox"/> 10 - Competent, no charges</p> <p><input type="checkbox"/> 11 - Civil incompetence of person or property</p> <p>Adults with Court Jurisdiction:</p> <p>Criminal Competent</p> <p><input type="checkbox"/> 12 – Incarcerated</p> <p><input type="checkbox"/> 13 - Release pending hearing</p> <p><input type="checkbox"/> 14 - this code is no longer used</p> <p><input type="checkbox"/> 15 - this code is no longer used</p> <p>Adults with Court Jurisdiction (Cont.):</p> <p>Criminal Incompetent:</p> <p><input type="checkbox"/> 16 - Release pending hearing ITP</p> <p><input type="checkbox"/> 17 - Involuntarily hospitalized (direct commit)</p> <p><input type="checkbox"/> 18 – Incarcerated</p> <p><input type="checkbox"/> 19 - Involuntarily hospitalized - revocation of conditional release.</p> <p><input type="checkbox"/> 20 - No longer used</p> <p><input type="checkbox"/> 21 - Conditionally released</p> <p>Not Guilty by Reason of Insanity (NGI):</p> <p><input type="checkbox"/> 22 - Involuntary hospital - direct commit.</p> <p><input type="checkbox"/> 23 - Involuntary hospital – revocation of conditional release.</p> <p><input type="checkbox"/> 24 - Released pending hearing.</p> <p><input type="checkbox"/> 25 - Conditionally released.</p> <p><input type="checkbox"/> 26 - Incarcerated.</p> <p><input type="checkbox"/> 29 - Incompetent to Proceed – Ages 21+</p> <p>Juvenile Incompetent to Proceed</p> <p><input type="checkbox"/> 27 - Incompetent to Proceed - Ages 0 - 17</p> <p><input type="checkbox"/> 28 - Incompetent to Proceed - Ages 18 - 20</p> <p><input type="checkbox"/> 28 - Incompetent to Proceed – Age 21</p>	Pages 6A – 4

<p>*SUBSTANCE PROBLEM</p> <p>15. *Primary: __ __</p> <p>16. Secondary: __ __</p> <p>17. Tertiary: __ __</p>	<p>Pages 6A – 4 and 5</p> <p>Drug list in Appendix 5</p>
<p>*USUAL ROUTE OF ADMINISTRATION</p> <p>18. *Primary: __ <input type="checkbox"/> 1 – Oral <input type="checkbox"/> 4 – Injection</p> <p>19. Secondary: __ <input type="checkbox"/> 2 – Smoking <input type="checkbox"/> 5 – Other</p> <p>20. Tertiary: __ <input type="checkbox"/> 3 – Inhalation</p>	<p>Page 6A - 5</p>
<p>*FREQUENCY OF USE (MONTH PRIOR TO EVALUATION)</p> <p>21. *Primary: __ <input type="checkbox"/> 1 - No past month use <input type="checkbox"/> 4 - 3 to 6 times per week</p> <p>22. Secondary: __ <input type="checkbox"/> 2 - 1 to 3 times in past month <input type="checkbox"/> 5 - Daily</p> <p>23. Tertiary: __ <input type="checkbox"/> 3 - 1 to 2 times per week</p>	<p>Page 6A – 5 and 6</p>
<p>*AGE OF FIRST DRUG OR ALCOHOL USE</p> <p>24. *Primary: __ __</p> <p>25. Secondary: __ __</p> <p>26. Tertiary: __ __</p>	<p>Page 6A - 6</p>
<p>27. *STAFF ID: _____ - _____</p>	<p>Page 6A - 6</p>
<p>28. *PURPOSE OF EVALUATION: <input type="checkbox"/> 1 – Initial <input type="checkbox"/> 2 – Immediate Discharge</p>	<p>Page 6A - 6</p>
<p>29. *EVALUATION DATE: ____ / ____ / ____</p>	<p>Page 6A - 6</p>
<p>30. *CHILD PREVENTION: <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes</p>	<p>Page 6A – 7</p>
<p>31. *DRUGS HARMFUL: <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes</p>	<p>Page 6A – 7</p>
<p>32. *ALCOHOL HARMFUL: <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes</p>	<p>Page 6A – 7</p>
<p>33. *TOBACCO HARMFUL: <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes</p>	<p>Page 6A – 7</p>
<p>34. *TOBACCO USE: <input type="checkbox"/> 0 – No <input type="checkbox"/> 1 – Yes</p>	<p>Page 6A – 7</p>
<p>35. *LEGAL GUARDIAN: ____</p> <p><input type="checkbox"/> 1 – Parent <input type="checkbox"/> 3 – Non-Relative <input type="checkbox"/> 5 – State or Public Agency</p> <p><input type="checkbox"/> 1 – Other Relative <input type="checkbox"/> 4 – Emancipated Minor <input type="checkbox"/> 6 – Not Applicable</p>	<p>Page 6A – 7</p>
<p>36. *EMPLOYMENT: __ __</p> <p><input type="checkbox"/> 10 - Active Military, Overseas <input type="checkbox"/> 70 - Terminated/Unemployed</p> <p><input type="checkbox"/> 11 - Active Military, USA <input type="checkbox"/> 81 - Homemaker (must keep house for 1 or more others)</p> <p><input type="checkbox"/> 12 - Full Time <input type="checkbox"/> 82 - Student</p> <p><input type="checkbox"/> 31 - * Unpaid Family Worker <input type="checkbox"/> 83 - Disabled</p> <p><input type="checkbox"/> 40 - Part Time <input type="checkbox"/> 84 - Criminal Inmate</p> <p><input type="checkbox"/> 50 - Leave of Absence <input type="checkbox"/> 85 - Inmate Other</p> <p><input type="checkbox"/> 60 - Retired <input type="checkbox"/> 86 - Not Authorized to Work</p> <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>	<p>Page 6A – 7</p>
<p>37. *PRIMARY INCOME SOURCE: ____ <input type="checkbox"/> 1 – Salary <input type="checkbox"/> 4 -Disability</p> <p><input type="checkbox"/> 2 - TANF <input type="checkbox"/> 5 -Other <input type="checkbox"/> 7 – Unknown</p> <p><input type="checkbox"/> 3 – Retirement/Pension/SSI <input type="checkbox"/> 6- None</p>	<p>Page 6A – 7</p>

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: ____ ____ <input type="checkbox"/> 1 - Individual (Self-Referral) <input type="checkbox"/> 14 - Other Court Order/Recognized Legal Entity <input type="checkbox"/> 2 - Substance Abuse Care Provider <input type="checkbox"/> 16 - SINS/FINS <input type="checkbox"/> 3 - Mental Health Care Provider <input type="checkbox"/> 17 - Addictions Receiving Facilities <input type="checkbox"/> 4 - Juvenile Justice (JARF’s) <input type="checkbox"/> 18 - Outreach Program <input type="checkbox"/> 5 - County Public Health Unit <input type="checkbox"/> 19 - DCF/ADM (no longer used) <input type="checkbox"/> 6 - School (Education) <input type="checkbox"/> 20 - Community Hospital <input type="checkbox"/> 7 - Employer/Employee Assistance Program <input type="checkbox"/> 21 - State Hospital <input type="checkbox"/> 8 - Other Social Service/Health/Community Ref <input type="checkbox"/> 22 - Physician/Doctor <input type="checkbox"/> 9 - TASC (Assessment Centers) <input type="checkbox"/> 23 - Law Enforcement <input type="checkbox"/> 10 - Probation/Parole/Controlled Release Authority <input type="checkbox"/> 24 - Family Safety Foster Care <input type="checkbox"/> 11 - DUI/DWI <input type="checkbox"/> 25 - Family Safety Protective Services <input type="checkbox"/> 12 – Pretrial <input type="checkbox"/> 99 - None of the Above <input type="checkbox"/> 13 - Prison/Jail	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: ____/____/____	