



<p><b>10. *ADMISSION TYPE:</b> ____</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 6B - 5
<p><b>11. *DRUG COURT ORDERED:</b> ____</p> <p><input type="checkbox"/> 0 – No    <input type="checkbox"/> 1- Yes</p>	Page 6B - 5
<p><b>12. *INVOLVED IN CHILD WELFARE:</b> ____</p> <p><input type="checkbox"/> 0 – No    <input type="checkbox"/> 1 – Yes</p>	Page 6B - 5
<p><b>13. *RESIDENTIAL STATUS:</b> ____ ____</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"/>                      <input type="checkbox"/> 99 - Not Available or Unknown</p>	Page 6B - 5
<p><b>14. *DEPENDENCY/CRIMINAL STATUS:</b> __ __</p> <p><input type="checkbox"/> 00 – Insufficient Information</p> <p><b>Adjudicated Children:</b></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 &amp; Delinquent, in physical custody</p> <p><input type="checkbox"/> 06 - Dependent &amp; Delinquent, not in physical custody</p> <p><input type="checkbox"/> 07 - “Children in Need of Services” (CINS), not in physical custody</p> <p><b>Non-Adjudicated Children</b></p> <p><input type="checkbox"/> 08 - Other DCF program status</p> <p><input type="checkbox"/> 09 - Under custody &amp; supervision of family/guardian</p> <p><b>Adults with No Court Jurisdiction:</b></p> <p><input type="checkbox"/> 10 - Competent, no charges</p> <p><input type="checkbox"/> 11 - Civil incompetence of person or property</p> <p><b>Adults with Court Jurisdiction:</b></p> <p><b>Criminal Competent</b></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><b>Adults with Court Jurisdiction (Cont.):</b></p> <p><b>Criminal Incompetent:</b></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><b>Not Guilty by Reason of Insanity (NGI):</b></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><b>Juvenile Incompetent to Proceed</b></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 6B – 5

<p><b>*SUBSTANCE PROBLEM</b></p> <p>15. *Primary: __ __</p> <p>16. Secondary: __ __</p> <p>17. Tertiary: __ __</p>	<p>Pages 6B – 5 and 6</p> <p>Drug list in Appendix 5</p>
<p><b>*USUAL ROUTE OF ADMINISTRATION</b></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 6B -6</p>
<p><b>*FREQUENCY OF USE (MONTH PRIOR TO EVALUATION)</b></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 6B – 6 and 7</p>
<p><b>*AGE OF FIRST DRUG OR ALCOHOL USE</b></p> <p>24. *Primary: __ __</p> <p>25. Secondary: __ __</p> <p>26. Tertiary: __ __</p>	<p>Page 6B - 7</p>
<p>27. *STAFF ID: _____ - _____</p>	<p>Page 6B -7</p>
<p>28. *PURPOSE OF EVALUATION: _____                      <b>[3]</b> Discharge                      <b>[4]</b> Administrative Discharge</p>	<p>Page 6B - 7</p>
<p>29. *EVALUATION DATE: _____                      YYYYMMDD                      (Discharge Date)</p>	<p>Page 6B – 7</p>
<p><b>Questions 30 through 36 are Mandatory for clients who are under 18</b></p>	
<p>30. *CHILD PREVENTION:    <input type="checkbox"/> 0 – No                      <input type="checkbox"/> 1 – Yes</p>	<p>Page 6B – 7</p>
<p>31. *DRUGS HARMFUL:    <input type="checkbox"/> 0 – No                      <input type="checkbox"/> 1 – Yes                      <input type="checkbox"/> 3 – Unknown</p>	<p>Page 6B – 8</p>
<p>32. *ALCOHOL HARMFUL:    <input type="checkbox"/> 0 – No                      <input type="checkbox"/> 1 – Yes                      <input type="checkbox"/> 3 – Unknown</p>	<p>Page 6B – 8</p>
<p>33. *TOBACCO HARMFUL:    <input type="checkbox"/> 0 – No                      <input type="checkbox"/> 1 – Yes                      <input type="checkbox"/> 3 – Unknown</p>	<p>Page 6B – 8</p>
<p>34. *TOBACCO USE:                      <input type="checkbox"/> 0 – No                      <input type="checkbox"/> 1 – Yes                      <input type="checkbox"/> 3 – Unknown</p>	<p>Page 6B – 8</p>
<p>35. *FUTURE USE: _____</p> <p>[1] No past experimentation or use and no future intent</p> <p>[2] No past experimentation or use but expresses future use</p> <p>[3] Past experimentation or use but no further intent</p> <p>[4] Past experimentation or use and expresses further intent</p> <p>[5] Currently experiments or uses substance</p>	<p>Page 6B – 8</p>
<p>36. *FRIENDS USE: _____    <input type="checkbox"/> 0 – No                      <input type="checkbox"/> 1 – Yes                      <input type="checkbox"/> 3 – Unknown</p>	<p>Page 6B – 8</p>
<p>37. *INITIAL EVALUATION DATE: _____                      YYYYMMDD</p>	<p>Page 6B – 8</p>

<p><b>38. *EMPLOYMENT:</b> ____</p> <table border="0"> <tr> <td><input type="checkbox"/> 10 - Active Military, Overseas</td> <td><input type="checkbox"/> 70 - Terminated/Unemployed</td> </tr> <tr> <td><input type="checkbox"/> 11 - Active Military, USA</td> <td><input type="checkbox"/> 81 - Homemaker (must keep house for 1 or more others)</td> </tr> <tr> <td><input type="checkbox"/> 12 - Full Time</td> <td><input type="checkbox"/> 82 - Student</td> </tr> <tr> <td><input type="checkbox"/> 31 - * Unpaid Family Worker</td> <td><input type="checkbox"/> 83 - Disabled</td> </tr> <tr> <td><input type="checkbox"/> 40 - Part Time</td> <td><input type="checkbox"/> 84 - Criminal Inmate</td> </tr> <tr> <td><input type="checkbox"/> 50 - Leave of Absence</td> <td><input type="checkbox"/> 85 - Inmate Other</td> </tr> <tr> <td><input type="checkbox"/> 60 - Retired</td> <td><input type="checkbox"/> 86 - Not Authorized to Work</td> </tr> </table> <p>* <b>Note:</b> 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>	<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	Page 6B – 8
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<p><b>39. *DISCHARGE REASON:</b> ____</p>	Page 6B – 9														
<p><b>40. *DISCHARGE PREGNANCY OUTCOME:</b> ____</p>	Page 6B – 9														
<p align="center"><b>SERVICES PROVIDED/REFERRED FOR BLOCK GRANT REQUIREMENT - MANDATORY</b></p> <p>The following 23 items (41 – 62) indicate the services provided or referrals given within the admission and discharge dates. This is not intended to be an all-inclusive listing of services.</p> <p><b>Indicate the appropriate code below.</b></p> <table border="0"> <tr> <td><b>[1]</b> Agency Provided</td> <td><b>[3]</b> Both Provided and Referred</td> <td><b>[5]</b> Not Applicable</td> </tr> <tr> <td><b>[2]</b> Referral Made</td> <td><b>[4]</b> Unknown</td> <td></td> </tr> </table>		<b>[1]</b> Agency Provided	<b>[3]</b> Both Provided and Referred	<b>[5]</b> Not Applicable	<b>[2]</b> Referral Made	<b>[4]</b> Unknown									
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<p><b>41. *CHILD CARE SERVICES:</b> ____</p>	Page 6B – 9														
<p><b>42. *CRIMINAL JUSTICE SERVICES:</b> ____</p>	Page 6B – 9														
<p><b>43. *EDUCATION SERVICES:</b> ____</p>	Page 6B – 9														
<p><b>44. *FAMILY SERVICES:</b> ____</p>	Page 6B – 9														
<p><b>45. HIV SERVICES:</b> ____</p>	Page 6B – 9														
<p><b>46. *HIV EDUCATION SERVICES:</b> ____</p>	Page 6B – 9														
<p><b>47. *HIV EARLY INTERVENTION:</b> ____</p>	Page 6B – 9														
<p><b>48. *HIV TESTING SERVICES:</b> ____</p>	Page 6B – 9														
<p><b>49. *HOUSING SERVICES:</b> ____</p>	Page 6B –10														
<p><b>50. *IMMUNIZATION SERVICES:</b> ____</p>	Page 6B –10														
<p><b>51. *INTERIM SERVICES:</b> ____</p>	Page 6B –10														
<p><b>52. *MEDICAL SERVICES:</b> ____</p>	Page 6B –10														
<p><b>53. *MENTAL HEALTH SERVICES:</b> ____</p>	Page 6B –10														
<p><b>54. *PEDIATRIC SERVICES:</b> ____</p>	Page 6B –10														
<p><b>55. *PRENATAL SERVICES:</b> ____</p>	Page 6B –10														
<p><b>56. *PUBLIC ASSISTANCE ELIGIBILITY:</b> ____</p>	Page 6B –10														
<p><b>57. *PUBLIC ASSISTANCE SERVICES:</b> ____</p>	Page 6B –10														
<p><b>58. *TUBERCULOSIS TESTED SERVICES:</b> ____</p>	Page 6B –10														
<p><b>59. *TRANSPORTATION SERVICES:</b> ____</p>	Page 6B –10														
<p><b>60. *TREATMENT PLAN SERVICES:</b> ____</p>	Page 6B –10														
<p><b>61. *TRAINING SERVICES:</b> ____</p>	Page 6B –10														

<b>62. VOCATIONAL TRAINING SERVICES:</b> _____	Page 6B -11
<b>63. SURVEY:</b> Survey is no longer collected, <b>must</b> be space filled for the 613 characters starting at position 128 and ending with 740.	Page 6B -11
<b>64. PROVIDER INFORMATION::</b> _____	Page 6B -11
<b>65. *DRUG FREE STATUS:</b> _____ [0] No [1] Yes [3] unknown [4] not applicable	Page 6B -11
<b>66. *PROVIDER ID:</b> _____ - _____	Page 6B -11
<b>67. SADIAG:</b> _____ (Must be space filled)	Page 6B -11
<b>68. MHDIAG:</b> _____ (Must be space filled)	Page 6B -11
<b>69. ARREST</b> __ <b>MUST be space filled</b> – A new Arrest field is listed below which is now a 2-digit field	Page 6B - 11
<b>70. *CONTRACT NUMBER 1 :</b> _____	Page 6B - 11
<b>71. CONTRACT NUMBER 2:</b> _____ (No longer used – must be space filled)	Page 6B - 11
<b>72. CONTRACT NUMBER 3:</b> _____ (No longer used – must be space filled)	Page 6B - 11
<b>73. *SOCIAL CONNECTEDNESS:</b> _____ <b>01</b> – No attendance in the past month <b>04</b> – 8 – 15 times in past month <b>02</b> – 1-3 times in past month <b>05</b> – 16-30 times in past month <b>03</b> – 4-7 times in past month <b>06</b> – Some attendance in past month, frequency unknown	Page 6B - 11
<b>74. *SCHOOL ATTENDANCE:</b> _____ <input type="checkbox"/> 1 – Suspended <input type="checkbox"/> 2 – Expelled <input type="checkbox"/> 3 – Suspended and Expelled <input type="checkbox"/> 4 – Not Applicable	Page 6B - 12
<b>75. *ARREST:</b> _____ Number of arrests in the last 30 days	Page 6B -12
<b>76. *SADIAG10:</b> _____	Page 6B - 12
<b>77. MHDIAG10:</b> _____	Page 6B - 12
Signature: _____	Date: ____/____/____