



Client Services Information Sheet (CSI)

Solano County Managed Care Program

275 Beck Ave. MS 5-235

Fairfield, CA 94533-0677

Phone: (800) 547-0495 FAX: (707) 425-4320

Check One: **New Admission** **Update of Information**

Instructions: May be completed by client, client's representative, clerical support, or practitioner/provider. "Client" is the individual receiving services.

1. **Your (Client) Legal Name:** (Last) _____ (First) _____ (Middle) _____

2. **(Client) Birth Name:** (Last) _____ (First) _____ (Middle) _____

3. **AKA (other names used):** (Last) _____ (First) _____ (Middle) _____

4. **Social Security #:** _____ **Date of Birth:** ___ / ___ / ___ **Age:** _____ **Mother's First Name:** _____

5. **Place of Birth:** (City) _____ (County) _____ (State) _____ (Country) _____

6. **Sex:** Male Female Other **Identification:** Valid Driver's License I.D. State _____ Number _____

7. **Marital Status:** Never Married Married Divorced Widowed Coupled Separated Unknown

8. **Address:** (Mailing Address) _____ (City) _____ (Zip) _____

9. **Address:** (Physical Address) _____ (City) _____ (Zip) _____

10. **Phone 1:** _____ **Phone 2:** _____ **Email:** _____

11. **Client is of Hispanic or Latino Origin?** Yes No

12. **Race:** Please check or list the race(s) that best describe your identity. (You can check or list up to 5)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> A- White or Caucasian | <input type="checkbox"/> G- Chinese | <input type="checkbox"/> M- Other Asian | <input type="checkbox"/> S- Asian Indian |
| <input type="checkbox"/> B- Black or African American | <input type="checkbox"/> H- Vietnamese | <input type="checkbox"/> N- Other Non White | <input type="checkbox"/> T- Native Hawaiian |
| <input type="checkbox"/> C- American Indian or Alaska Native | <input type="checkbox"/> I- Laotian | <input type="checkbox"/> O- Unknown | <input type="checkbox"/> U- Guamanian |
| <input type="checkbox"/> D- Mexican American/Chicano | <input type="checkbox"/> J- Cambodian | <input type="checkbox"/> P- Other Southeast Asian | <input type="checkbox"/> V- Amerasian |
| <input type="checkbox"/> E- Latin American | <input type="checkbox"/> K- Japanese | <input type="checkbox"/> Q- Korean | <input type="checkbox"/> X- Multiple |
| <input type="checkbox"/> F- Other Spanish | <input type="checkbox"/> L- Filipino | <input type="checkbox"/> R- Samoan | |

13. **Primary Language:** Please check or list one.

- English Spanish Tagalog Other _____

14. **Preferred Language:** I prefer to receive services in the following language:

- English Spanish Tagalog Other _____

15. **Please list your next of kin and other members of your family/household:**

| Name | Relationship to Client | Date of Birth | Address | Phone |
|------|------------------------|---------------|---------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

16. **Insurance Coverage:** Do you have any of the following insurance plans or benefits? Check all that apply.

- Medi-Cal Medicare - Part A _____ Healthy Families: _____ (Plan)
- VA Benefits Part B _____ Other Health Insurance: _____ (Plan)
- No Health Insurance Part D _____

17. **Source of Income:** 0- Not Collected 2- Earned Through Employment 4- Retirement 6- Other

1- None 3- Disability 5- General/Public Assistance

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18. Living Situation: (* asterisks apply to adults only)

- | | | |
|---|---|---|
| <input type="checkbox"/> 06- Single Room (e.g., hotel) | <input type="checkbox"/> 21- Large board & care home (7 + beds) | <input type="checkbox"/> PHF/Inpatient psych hospital |
| <input type="checkbox"/> 07- Group quarters (e.g., migrant camp) | <input type="checkbox"/> 22- Residential treatment center | <input type="checkbox"/> Drug abuse facility |
| <input type="checkbox"/> 08- Group Home | <input type="checkbox"/> 23- Community treatment center | <input type="checkbox"/> Alcohol Abuse facility |
| <input type="checkbox"/> 09- Crisis Residential | <input type="checkbox"/> 24- Adult residential/social rehab | <input type="checkbox"/> Justice related |
| <input type="checkbox"/> 10- Satellite Housing | <input type="checkbox"/> 31- State hospital | <input type="checkbox"/> Temporary arrangement |
| <input type="checkbox"/> 13- House or apartment | <input type="checkbox"/> 32- VA hospital | <input type="checkbox"/> Homeless, no identifiable res. |
| <input type="checkbox"/> 14- House or apartment, w/support* | <input type="checkbox"/> 33- SNF/ICF/IMD, for psychiatric reasons | <input type="checkbox"/> Homeless, in transit |
| <input type="checkbox"/> 15- House or apartment, w/supervision* | <input type="checkbox"/> 34- SNF/ICF/Nursing Home, for physical | <input type="checkbox"/> Other |
| <input type="checkbox"/> 16- Supported housing* | <input type="checkbox"/> 35- General hospital | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> 20- Small board & care home (6 beds or less) | <input type="checkbox"/> 36- Mental Health Rehab Center | |

19. Education

- | | |
|---|--|
| <input type="checkbox"/> 00- None, Kindergarten | <input type="checkbox"/> 98- Vocational education & training |
| <input type="checkbox"/> 01-20 Grade level (code 12 for GED): _____ | <input type="checkbox"/> 99- Unknown |

20. Employment Status:

- | | | |
|---|--|---|
| <input type="checkbox"/> 01- Competitive job market, 35+ hrs/wk | <input type="checkbox"/> 07- Rehabilitative work, 20-35 hrs/wk | <input type="checkbox"/> 13- Unemployed, not seeking work |
| <input type="checkbox"/> 02- Competitive job market, 1-19 hrs/wk | <input type="checkbox"/> 08- School, full-time | <input type="checkbox"/> 14- Retired |
| <input type="checkbox"/> 03- Competitive job market, 20-35 hrs/wk | <input type="checkbox"/> 09- Job training, full-time | <input type="checkbox"/> 15- Not in the labor force |
| <input type="checkbox"/> 04- Full time homemaking responsibility | <input type="checkbox"/> 10- Part-time school/job training | <input type="checkbox"/> 16- Unknown |
| <input type="checkbox"/> 05- Rehabilitative work, 35+ hrs/wk | <input type="checkbox"/> 11- Volunteer work | <input type="checkbox"/> 17- Residential/inmate |
| <input type="checkbox"/> 06- Rehabilitative work, 1-19 hrs/wk | <input type="checkbox"/> 12- Unemployed, seeking work | |

21. Number of *Children* the client cares for or is responsible for at least 50% of the time: _____

22. Number of *Dependent Adults* the client cares for or is responsible for at least 50% of the time: _____

23. Conservatorship/Court Status:

- | | |
|--|--|
| <input type="checkbox"/> A- Temporary Conservatorship (W&I Code, Sec. 5353) | <input type="checkbox"/> G- Juvenile Court, Dependent of Court (W&I Code, Sec. 300) |
| <input type="checkbox"/> B- Lanterman-Petris-Short (W&I Code, Sec. 5358) | <input type="checkbox"/> H- Juvenile Court, Ward-Status Offender (W&I Code Sec. 601) |
| <input type="checkbox"/> C- Murphy (W&I Code, Sec. 5008) | <input type="checkbox"/> I- Juvenile Court, Ward-Juvenile Offender(W&I Code, Sec. 602) |
| <input type="checkbox"/> D- Probate (Probate Code, Division 4, Sec. 1400) | <input type="checkbox"/> J- Not applicable |
| <input type="checkbox"/> E- PC 2974 (Penal Code, Sec.2974) | <input type="checkbox"/> U- Unknown/Not Reported |
| <input type="checkbox"/> F- Representative Payee w/o Conservatorship (W&I Code, Sec. 5686) | |

24. Trauma - Has the client experienced traumatic events including experiences such as having witnessed violence, having been a victim of crime or violence, having been a victim of physical, emotional, or sexual abuse, having lived through a natural disaster, having been a combatant or civilian in a war zone, or having witnessed or having been a victim of a severe accident? Yes No

25. Referred from:

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> 01- Self | <input type="checkbox"/> 10- State Hospital (MH) | <input type="checkbox"/> 31- Suicide & Crisis | <input type="checkbox"/> 47- School/College |
| <input type="checkbox"/> 02- Family | <input type="checkbox"/> 12 - Other Psychiatric Hospital | <input type="checkbox"/> 32- Outpatient Clinic | <input type="checkbox"/> 48- Vocational Rehab Program |
| <input type="checkbox"/> 03- Friends | <input type="checkbox"/> 13- Psychiatric SNF | <input type="checkbox"/> 33- Private MH Practice | <input type="checkbox"/> 49- Veterans Administration |
| <input type="checkbox"/> 04- Employer | <input type="checkbox"/> 17- Jail | <input type="checkbox"/> 37- Case Management | <input type="checkbox"/> 50- Clergy/Religious |
| <input type="checkbox"/> 05- Other | <input type="checkbox"/> 30- Emergency Psychiatric | <input type="checkbox"/> 38- Homeless Program | <input type="checkbox"/> 51- Other Human Service |

Printed Name of Person Completing Form

Signature of Person Completing Form

Date