OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
CLIENT DATA CORE

SECTION I

Agency No. | **Satellite No.** | **Date Transaction Occurred** | **Time (Military)** | **Transaction Type*** (Contacts: 21, 25, 27) (23, 40, 41, 42) (60, 61,62,63,64,65,66,67,68,69,70,71,72)

Client ID | **Birth Year** | **Service Focus** (01-22*)

CLIENT RACE: (1 = Yes for all that apply/Blank = No)
- **White**
- **Asian**
- **American Indian**
- **Native Hawaiian or Other Pacific Islander**
- **Black/African American**

ETHNICITY: (1 = Yes/2 = No)
- **Hispanic/Latino** (If only H/L, then Race = White)

SCREENING AND OTHER INFORMATION:

(1 = Pos/ 2 = Neg/ 3 = Not Admin)
- Mental Health Screen
- Substance Abuse Screen
- Trauma Screen

(1 = Yes/ 2 = No)
- Tobacco Use
- Chronic Homeless
- Other _____

PRIMARY REFERRAL:* | **AGENCY #:**

SECONDARY REFERRAL:* | **AGENCY #:**

COUNTY OF RESIDENCE: (01-77 or Other State Initial)

ZIP CODE: (Current Address/99999 for Homeless-Streets)

SECTION II

CLIENT SSN:

CURRENT RESIDENCE:
- A. Permanent Housing
- B. Perm Sup Hous-Non-Cong
- C. Perm Sup Hous-Cong
- D. Transitional Housing
- E. Temporary Housing
- F. RC Facility/Group Home
- G. Nursing Home
- H. Institutional Setting
- I. Homeless-Shelter
- J. Homeless-Streets

LIVING SITUATION:
1. Alone
2. With Family/Relatives
3. With Non-Related Persons
4. With Batterer

EMPLOYMENT:
1. Full-time
2. Part-time
3. Unemployed
4. Not in Labor Force = (T.o.E.: A-F)

TYPE OF EMPLOYMENT/ Not in Labor Force:
1. Competitive
2. Supported
3. Volunteer
4. None
5. Transitional
6. Sheltered Workshop
- A. Homemaker
- B. Student
- C. Retired
- D. Disabled
- E. Inmate
- F. Other

IN SCHOOL?: (1 = Yes/ 2 = No)

MARITAL STATUS:
1. Never Married
2. Married
3. Divorced
4. Widowed
5. Living as Married
6. Separated

Is Client PREGNANT?: (If Yes enter 1-9 or 0 for No)

Is Client in Prison or Jail?:(If 1, Cur-Res must = H)
1. Prison
2. No
3. Jail

ANNUAL INCOME: $

Number contributing to and/or dependent upon"Annual Income" above: (01-15)

SSI: (1 = Yes/ 2 = No) **SSDI:**

INSURANCE: (1 = Yes/2 = No)
- **Medicare:**
- **Medicaid:**

SECTION III

LANGUAGE PROFICIENCY:

Does Client speak English well?: (1 = Yes/2 = No)

If no, what language is preferred?: (1-9*)

If 2 or 9, then specify: _____

VETERAN STATUS: (1 = Yes/2 = No)

EDUCATION:

(Highest Grade Completed 00-25) **00-Less Than 1 Grade Completed**

DISABILITY: (01-11 or Blank)

LEGAL STATUS:* **(01,03,05,07,09,12,13,15,17,20,21)** **County of Commitment:**

	Primary	Secondary	Tertiary
PRESENTING PROBLEM: *			
Drugs Of Choice:* (01-21)			
Usual Route of Administration:*	(1-5)	(1-5)	
Frequency Of Use in Last 30 days:*	(1-5)	(1-5)	
Age First Used:			

LEVEL OF CARE: (CI, CL, HA, OO, SC, or SN*)

SECTION IV

(Complete only for Mental Health and Substance Abuse Clients 18 years old or younger)

a. Is this child in the custody of (**1 Yes/2 No**)?
- **OJA**
- **DHS**

b. Is child enrolled in special education?

c. In what type of out-of-home placement is the child living? (select only one from below)
1. Not in out of home placement
2. Residential Treatment
3. Specialized Community Group Home
4. Foster Care
5. Group Home

SECTION V

CURRENT LOF: (GAF SCALE) (01-99*)

CAR: (Mental Health) **(01-50*)**
- Feeling Mood
- Thinking
- Substance Use
- Medical/Physical
- Family
- Interpersonal
- Role Performance
- Socio-Legal
- Self Care/Basic Needs

NOTE: If CAR:Substance Use is scored 30 or above, Client should be referred for an ASI/TASI.

If ASI/TASI:Psychiatic Status is scored 4 or above, Client should be referred for a CAR.

TASI:* Under 18 (Scoring: 0 - 4)

ASI: (Substance Abuse) (1-9*)
- Medical
- Employ/Support
- Alcohol Use
- Drug Use
- Legal Status
- Family/Social Rel.
- Psychiatric Status
- Chemical
- School
- Emp/Sup
- Family
- Peer/Soc
- Legal
- Psychiatric

SMI: (1 = Yes/2 = No) **(For client older than 18)**

SED: (1 = Yes/2 = No) **(For client 18 or less)**

In the past 30 days, how many times has the client been arrested, or since admission if less than 30 days ago?

In the past 12 months, how many times has the client been arrested, or since admission if less than 12 Months ago?

In the past 30 days, how many times has the client attended self-help/support groups, or since admission if less than 30 days ago?

FAMILY ID, Drug Court, DOC #, or DHS Case Number:

VOUCHER #:

CLINICIAN OF RECORD: NPI

LEGAL NAME: Last: Maiden: First: Middle: Suffix:

CLIENT ADDRESS: (1) (2) **CITY:** **STATE:**

(*Some codes may be found on the CDC Back form or check the ICIS Manual for further information on them)