

Riverside University Health System - Behavioral Health
CSI DATA COLLECTION

(MH Admission / Admission Screen)

| | | | |
|-----------|------------|-------------|---------------------------|
| Last Name | First Name | Middle Name | SFX, i.e., Jr., Sr., etc. |
|-----------|------------|-------------|---------------------------|

(Enter in CSI Admission Screen)

| | |
|--------------------------------------|------------------------|
| Birth Name (if different from above) | Social Security Number |
|--------------------------------------|------------------------|

Mother's First Name:

Living arrangement:

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Adult Res. Facility, Social Rehab Facility, Crisis Residential, Transitional Residential, Drug Facility, Alcohol Facility | <input type="checkbox"/> Inpatient psychiatric hospital, Psychiatric Health Facility (PHF), or Veteran's Affairs (VA) Hospital |
| <input type="checkbox"/> Board and Care | <input type="checkbox"/> Justice related (Juvenile Hall, CYA home, correctional facility, jail, etc.) |
| <input type="checkbox"/> Community Treatment Facility | <input type="checkbox"/> Mental Health Rehabilitation Center (24 hour) |
| <input type="checkbox"/> Foster Family Home | <input type="checkbox"/> Other |
| <input type="checkbox"/> Group Home (includes Levels 1-12 for children) | <input type="checkbox"/> Residential Treatment Center (Includes Levels 13-14 for children) |
| <input type="checkbox"/> Homeless, No identifiable residence | <input type="checkbox"/> Skilled Nursing Facility (SNF)/Intermediate Care Facility/Institute of Mental Disease (IMD) |
| <input type="checkbox"/> House or apartment (Includes trailers, hotels, dorms, barracks, etc.) | <input type="checkbox"/> State Hospital |
| <input type="checkbox"/> House or apartment and requiring daily support & supervision (applies to adults only) | <input type="checkbox"/> Supported Housing (applies to adults only) |
| <input type="checkbox"/> House or apartment and requiring some support with daily living activities (applies to adults only) | <input type="checkbox"/> Unknown/Not Reported |

Marital Status:

| | | | |
|-----------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| <input type="checkbox"/> Single/Never married | <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced/Annulled | <input type="checkbox"/> Married |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Unknown | <input type="checkbox"/> Remarried | |

(MH Admission / Demographics Screen)

Employment Status:

| | | |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Full Time 32+ Hours A Week (Not including Armed Forces) | <input type="checkbox"/> Not in Labor Force - Retired | <input type="checkbox"/> Part Time, less than _____ |
| <input type="checkbox"/> Full Time – 35 Hr or more per wk – Non-Comp | <input type="checkbox"/> Not in Labor Force - Student | <input type="checkbox"/> Part time, less than 35 Hrs Week Non-Comp |
| <input type="checkbox"/> In the Armed Forces | <input type="checkbox"/> Not in Labor Force – Unable to Work Due to MH, Developmental Disability, or A+D | <input type="checkbox"/> Unemployed – On Layoff From Job |
| <input type="checkbox"/> Not in Labor Force - Homemaker | <input type="checkbox"/> Not in Labor Force – Due to Other Disorder or Disability | <input type="checkbox"/> Unemployed Seeking Employment |
| <input type="checkbox"/> Not in Labor Force – Other Not Seeking Employment in Past 30 Days | <input type="checkbox"/> Part Time (1-15 Hours A Week (Not including Armed Forces) | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Not in Labor Force – Resident/Inmate of Institution | <input type="checkbox"/> Part Time (16-32 Hours A Week Not Including Armed Forces | <input type="checkbox"/> Volunteer |

Occupation:

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Administrative Support Including clerical | <input type="checkbox"/> Machine Operators and tenders, except Precision | <input type="checkbox"/> Production Inspectors, Testers, Samplers, and Weighers |
| <input type="checkbox"/> Construction Trade | <input type="checkbox"/> Mechanics and repairs | <input type="checkbox"/> Professional Specialty |
| <input type="checkbox"/> Executive, Administrative, and Managerial | <input type="checkbox"/> Military Occupations | <input type="checkbox"/> Protective Service Occupation |
| <input type="checkbox"/> Extractive Occupations | <input type="checkbox"/> Never Employed | <input type="checkbox"/> Sales Occupation |
| <input type="checkbox"/> Fabrication, Assemblers, and Hand-working | <input type="checkbox"/> Precision Production | <input type="checkbox"/> Svc Occupation except Protective and Household |
| <input type="checkbox"/> Farming, Forestry, Fishing | <input type="checkbox"/> Preschooler or Student | <input type="checkbox"/> Technicians & Related Support |
| <input type="checkbox"/> Handlers, Equipment Cleaners, Helpers and Laborers | <input type="checkbox"/> Private household | <input type="checkbox"/> Transportation and Material Moving |
| | | <input type="checkbox"/> Unknown |

Submit this form to ACT / CARES along with the Initial Assessment / Care Plan, Extension Request, or Quarterly Report
 ACT Fax: 951 687-5819 or CARES Fax: 951 358-5352

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Name: _____

SSN: _____

What is the consumer's education level? _____ 98=other _____ 99=Unknown

(State numeric years i.e., 14= High School Grad + 2 additional years)

Smoker/Tobacco: Current every day Current some days Former Smoker Never Unknown

(Supplemental Screen)

Sexual Orientation: Heterosexual Bi-Sexual Gay Lesbian Questioning Unreported

Does client self –identify as Transgendered: Yes No

(CSI Admission Screen)

Consumer's Place of Birth (County only in CA)

County _____ State _____ Country _____

Ethnicity: Not Hispanic or Latino Unknown /Not reported Hispanic or Latino

Special Population: Assisted Outpatient Treatment Service(s) (AB 1421) (AB 3632) Individual Education Plan (IEP)
 Governor's Homeless Initiative (GHI) Service(s) No Special Population Services
 Welfare-to-work Plan Specified Service(s)

Is Substance Use Affecting Mental Health? Yes No Unknown

Are Developmental Disabilities Affecting Mental Health? Yes No Unknown

Are Physical Health Disorders Affecting Mental Health? Yes No Unknown

Conservator court status:

Temporary conservatorship (W&I Code, Section 5353) Juvenile Court, Dependent of the Court (W&I Code, Section 300)
 Lanterman-Petris-Short (W&I Code, Section 5358) Juvenile Court, Ward- Status Offender (W&I Code, Section 601)
 Murphy (W&I Code, Section 5008) Juvenile Court, Ward- Juvenile Offender (W&I Code, Section 602)
 Probate (Probate Code, Division 4, Section 1400) Not applicable
 PC 2974 (Penal Code, Section 2974) Unknown, not reported
 Representative payee without conservatorship (W&I Code, Section 5686)

Number of children less than 18 yrs of age that the client cares for/ is responsible for at least 50% of the time:

Number of dependent adult 18 yrs of age and above that the client cares for/ is responsible for at least 50% of the time:

Preferred Language:

Race (select up to five from the choices listed below):

American Indian Asian Indian Black or African American Cambodian Chinese Filipino Guamanian
 Hmong Japanese Korean
 Laotian Mien Native Hawaiian Other Asian Other Pacific Islander Other Samoan
 Unknown/Not Reported Vietnamese White

Is consumer an IRC consumer? Yes No

If so, IRC case worker's name: _____ **Phone:** _____

Provider Name: _____ **Phone:** _____

Agency Name: _____

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