**Client Name:** **Case #:**       **Program Name:** **FFS - Colette Lord, PhD**

**Effective Date:** **Admission Status:**   Pre-Registered  Registered  Admit

**CLIENT IDENTIFYING INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Client Name**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Last Name: | | | | | | | | | | | | | First Name: | | | | | | | | | | | | | | |
|  | | Middle Name: | | | | | | | | | | | | | Suffix: | | | | | | | | | | | | | | |
| **Birth Name** (if different from above): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Last Name: | | | | | | | | | | | | | First Name: | | | | | | | | | | | | | | |
|  | | Middle Name: | | | | | | | | | | | | | Suffix: | | | | | | | | | | | | | | |
| **Physical Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Street Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | City/State/Zip: | | | | | | | | | | | | | | | | | | | | County: | | | | | | | | |
|  | Home Phone:       \*OK to call home?:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Work Phone: | | | | | | | | | | | | Ext: | | | | | | Cell Phone: | | | | | | | | | | |
| **Mailing Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Street Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | City/State/Zip: | | | | | | | | | | | | | | | | | | | County: | | | | | | | | | |
| **Social Security #:** | | | | | | | | | | | | | | \* Declines or  Unable to provide Social Security # | | | | | | | | | | | | | | | |
| **\*Gender:**  M-Male  F-Female  O-Other  U-Unknown | | | | | | | | | | | | | | | | **\*Birth Date**: | | | | | | | | | | | Actual | | Estimated |
| **Born in US:**  Yes  No | | | | | | If No, Country where born: | | | | | | | | | | |  | | | | | | | | | | | | |
| **Born in California:** | | | | Yes If Yes, County where born: | | | | | |  | | | | | | | | No If No, State where born: | | | | | | | | | |  | |
|  | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  | |
| **Client Marital Status** (Select one only): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-Never Married  2-Married  4-Divorced  7-Domestic Partner  5-Separated  3-Widowed  6-Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnicity** (select one only): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-Not Hispanic  2-Hispanic – Mexican American/Chicano  3-Hispanic – Cuban  4-Hispanic – Puerto Rican  6-Hispanic – Dominican  7-Hispanic – Salvadoran  5-Hispanic – Other/Latino  9-Unknown/Not Reported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Race** Rank 1 to 5 as needed with 1 being primary: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | A-White/Caucasian  B-Black/African American  C-Cambodian  D-Chinese  E-Eskimo/Alaskan Native  F-Filipino  G-Guamanian  H-Hawaiian Native  I-Asian Indian | | | | |  | | | J-Japanese  K-Korean  L-Laotian  M-Mien  N-Native American  O-Other Non-White/ Non-Caucasian  P-Other Pacific Islander  Q-Hmong  R-Other Asian | | | | | | | | | | | | | |  | S-Samoan  T-Sudanese  U-Chaldean  V-Vietnamese  W-Ethiopian  X-Somali  Y-Iranian  Z-Iraqi  9-Unknown/Not Reported | | | |
| **Language** (Complete both client languages. If there is a caretaker, complete caretaker language) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client Primary: | | | | | Client Preferred: | | | | | | |  | | | | | | | | | | Caretaker Preferred: | | | | | | | |
| Interpreter Needed?  Yes  No (If either preferred language is other than English, an interpreter is needed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Status** (Check only one value. Starting with “A” check the first one that applies to client): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-Comp Job 35+ hrs per week  B-Comp Job 20-34 hrs per week  C-Comp Job < 20 hrs per wk  D-Rehab 35+ hrs per wk  E-Rehab 20-34 hrs per wk  F-Rehab < 20 hrs per wk | | | | | | | | | G-Full Time Job Training  H-Part time Job Training  I-Full Time Student  J-Part Time Student  K-Volunteer  L-Homemaker | | | | | | | | | | | | | | | M-Retired  N-Unemployed/Seeking Work  O-Unemployed/Not Seeking Work  P-Not in the Labor Force  Q-Resident/Inmate  U-Unknown | | | | | |
| **Living Arrangement** (Check only one value from the list below): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A-House or Apartment  B-House or Apt with Support  C-House or Apt with Daily Supervision Independent Living Facility  D-Other Supported Housing Program  E-Board & Care – Adult  F-Residential Tx/Crisis Ctr – Adult  G-Substance Abuse Residential Rehab Ctr | | | | | | | I-MH Rehab Ctr (Adult Locked)  J-SNF/ICF/IMD  K-Inpatient Psych Hospital  L-State Hospital  M-Correctional Facility  O-Other  R-Foster Home-Child | | | | | | | | | | | | | | | | S-Group Home-Child (Level 1-12)  T-Residential Tx Ctr-Child (Level 13-14)  U-Unknown  V-Comm Tx Facility (Child Locked)  W- Children’s Shelter  XX-Homeless/In Shelter  YY-Homeless/Out of Shelter  ZZ-Homeless/Living w Other(s) | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Currently Pregnant?  Yes  No  Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of children less than 18 years of age that the client cares for at least 50% of the time: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of adults 18 years or older that the client cares for at least 50% of the time: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Education** (last grade or years completed): | | | | | | | | | | **Religion:** | | | | | | | | | | | | | | |
| **\*Does the client have Regional Center involvement?**  Yes  No  Refuse/Cannot Access | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Military Service:** Yes  No  Decline  Unable to Answer | | | | | | | | | | | | | | | **Branch:** | | | | | | | | | |
| **If 18, has client been offered the National Voter’s Registration form?**  Yes  No  Decline | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mother’s First Name:** | | | | | | | | | | | | | | | | | | | | | | | | |
| ALIAS(ES) (List other names you have used. A first & last name must be included for each alias) | | | | | | | | | | | | | | | | | | | | | | | |
|  | Last Name: | | | | | | | | First Name: | | | | | | | | | | | Middle Initial: | | |  |
|  | | | | | | | | |  | | | | | | | | | | |  | | |  |
|  | | | | | | | | |  | | | | | | | | | | |  | | |  |
| **LEGAL INFORMATION/LEGAL CONSENT**  (check only one box in the lists below): | | | | | | | | | | | | | | | | | | | | | | | |
| Self Consent  *Legal Rep Information not required*  A-Adult / Self Consent  E-Minor / Self Consent  D-Emancipated Minor | | | Conservator  I-Temporary  J-Permanent  K-Murphy  L-Probate | | | | | | | Minor  B-Parental Consent  C-Guardian/Caregiver | | | | | | | | Juvenile Court  F-Dependent  G-Ward Status Offender  H-Ward Juvenile Offender | | | | | |
| Legal Representative: | | | | | | | | | | | | | | Relationship: | | | | | | | | | |
| Address: | | | | | | | | | | | | | | Phone: | | | | | | | | | |
| City/State/Zip: | | | | | | | | | | | | | | | | | | | | | | | |
| Employment Phone: | | | | | | Other Information: | | | | | | | | | | | | | | | | | |
| **PARENTAL & SCHOOL INFORMATION**  **Is client under 18:**  **Yes** (School & Parental Information required)  **No** (Parental information is optional) | | | | | | | | | | | | | | | | | | | | | | | |
| Parent Name: | | | | | | | | | | | | | Relationship: | | | | | | | | | | |
| Address: | | | | | | | | | | | | | Phone: | | | | | | | | | | |
| City/State/Zip: | | | | | | | | | | | | | | | | | | | | | | | |
| Employment Phone: | | | | | | Other Information: | | | | | | | | | | | | | | | | | |
| School Attending: | |  | | | | | | | | | | | | | | | | | | | | | |
| School District of Residence: | | | |  | | | | | | | | | | | | | | | | | | | |
| **JUVENILE FORENSICS** | | | | | | | | | | | | | | | | | | | | | | | |
| REJIS #: | | | |  | | | | | | | | | | | | | | | | | | | |
| EMERGENCY NOTIFICATION INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | Relationship: | | | | | | | | | | |
| Address: | | | | | | | | | | | | | Home Phone: | | | | | | | | | | |
| City/State/Zip: | | | | | | | | | | | | | Work Phone: | | | | | | | | | | |
| Other Information: | | | | | | | | | | | | | | | | | | | | | | | |
| CONTACTS | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Last, First MI) | | | | | | | | Agency/Title/Relationship | | | | | | | | | | | Phone | | | | | |
|  | | | | | | | |  | | | | | | | | | | |  | | | | | |
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| Staff Completing/Accepting the Assessment: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | Colette Lord | | | | | | | | |  |  | | | |  |  | | |
| Signature | | | | |  | | Printed Name | | | |  |  | | | |  | Cerner ID | | | |  | Date | | |