

CLIENT REGISTRATION

Alternative Values: Refer to State ADP Data Collection Guide for information on each field

County Allowable Responses:

Z0: Client declined to state Z1: Unknown/Don't know Z2: None or not Applicable Z3: Other Z4: Client Unable to Answer

Sex [4.11.1=CID-3]	Enter M=Male, F=Female, U=Unknown, O=Other																								
Education [4.17.15=EMP-5]	Indicate the highest grade completed. Enter 00-30 or Z0, Z4. If higher than 30, enter 30. If GED obtained, enter 12.																								
Physical Disability [4.15=CID-18]	Enter the code or enter the sum of codes if more than one disability is reported or Z0 or Z4, as stated by the client.																								
Preferred Language	Enter the code which best represents the client's preferred language, that is, the language the client would prefer to speak, as reported by the client.																								
Ethnicity [4.12=CID-15]	Enter the code which best represents the client's ethnic group as identified by the client.																								
Hispanic Origin [4.13=CID16]	Enter the appropriate number from the Hispanic origin codes listed to indicate the client's Hispanic origin, as identified by the client.																								
Marital Status	Enter the appropriate number from the marital status codes listed to indicate the client's current marital status.																								
Client Birth Name Last Name: [4.11.16=CID-10] First Name: [4.11.17=CID-9]	Enter the name given at birth.																								
Birth County [4.11.9=CID11a]	If born in Santa Barbara County, enter 42. If born in another CA county, see Data Collection Guide, Appendix E, for CA county codes. If born outside of CA, enter Z3.																								
Birth State [4.11.9=CID-11b]	If born in CA, enter CA. If born in another state, see Data Collection Guide, Appendix F, for state codes. If born outside of USA, enter Z3.																								
Mother's First Name [4.11.12=CID-14]	Enter mother's first name.																								
Driver's License [4.11.10=CID-12] State [4.11.11=CID-13]	Driver's License Number: Enter nine-digit number, or Z0, Z2 or Z4. State: Enter the state that issued the license. If issued in CA, enter CA. If issued in another state, see Data Collection Guide, Appendix F, for state codes; or enter Z0, Z2 or Z4.																								
Home Address Zip [CID - 8]	The client's home address. If the client is homeless, enter "homeless" as the street name and indicate the city where the client lives along with state. The zip code of 00000 will be populated when you enter "1" as a "Homeless" value on the admission form. Enter XXXXX in the CalOMS Zip filed if client declines to answer or ZZZZZ if unable to answer.																								
Significant Other's Name, Relationship, Phone, Address	Enter the name, relationship, telephone number and address of any person(s) who have an important relationship with the client. The relationships currently defined are: <table style="width: 100%; border: none;"> <tr> <td>Father</td> <td>Husband</td> <td>Relative</td> <td>Friend</td> <td>Therapist</td> <td>Psych</td> </tr> <tr> <td>Mother</td> <td>Wife</td> <td>Guardian</td> <td>Partner</td> <td>MD</td> <td>Prob Ofr</td> </tr> <tr> <td>Son</td> <td>Brother</td> <td>Conservator</td> <td>Employer</td> <td>Physician</td> <td>Parole Ofr</td> </tr> <tr> <td>Daughter</td> <td>Sister</td> <td>Attorney</td> <td>Minister</td> <td>Board Care</td> <td>Other</td> </tr> </table>	Father	Husband	Relative	Friend	Therapist	Psych	Mother	Wife	Guardian	Partner	MD	Prob Ofr	Son	Brother	Conservator	Employer	Physician	Parole Ofr	Daughter	Sister	Attorney	Minister	Board Care	Other
Father	Husband	Relative	Friend	Therapist	Psych																				
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Daughter	Sister	Attorney	Minister	Board Care	Other																				
Completed By	The intake worker signs and dates the form.																								