

CSI Periodic Data

NAME/MRN _____

Clinician: _____

Facility Name _____

Facility ID _____

Program Name _____

Program ID _____

Date Completed _____

Education Level			
<input type="checkbox"/> Kindergarten [00]	<input type="checkbox"/> Grade 9 [09]	<input type="checkbox"/> Postgraduate 1 [17]	<input type="checkbox"/> Other Postsecondary Education Program [20]
<input type="checkbox"/> Grade 1 [01]	<input type="checkbox"/> Grade 10 [10]	<input type="checkbox"/> Postgraduate 2 [18]	<input type="checkbox"/> Other-includes vocational education and training [98]
<input type="checkbox"/> Grade 2 [02]	<input type="checkbox"/> Grade 11 [11]	<input type="checkbox"/> Postgraduate 3 [19]	<input type="checkbox"/> Unknown/Not Reported [99]
<input type="checkbox"/> Grade 3 [03]	<input type="checkbox"/> Grade 12 [12]	<input type="checkbox"/> Postgraduate 4 [20]	<input type="checkbox"/> None [00]
<input type="checkbox"/> Grade 4 [04]	<input type="checkbox"/> College Freshman [13]	<input type="checkbox"/> GED [12]	<input type="checkbox"/> Alt Education (HS Degree) [12]
<input type="checkbox"/> Grade 5 [05]	<input type="checkbox"/> College Sophomore [14]	<input type="checkbox"/> Bachelors [20]	<input type="checkbox"/> Vocational Training [98]
<input type="checkbox"/> Grade 6 [06]	<input type="checkbox"/> College Junior [15]	<input type="checkbox"/> Masters [20]	
<input type="checkbox"/> Grade 7 [07]	<input type="checkbox"/> College Senior [16]	<input type="checkbox"/> Doctorate [20]	
<input type="checkbox"/> Grade 8 [08]			
Employment Status			
<input type="checkbox"/> Full Time: 35 Hrs or More [A]	<input type="checkbox"/> Retired [I]	<input type="checkbox"/> Disabled [K]	
<input type="checkbox"/> Part Time: Less than 35 Hrs [B]	<input type="checkbox"/> Self Employed [K]	<input type="checkbox"/> Not Employed [U]	
<input type="checkbox"/> Student – Full-Time [G]	<input type="checkbox"/> On Active Military Duty [K]	<input type="checkbox"/> Unknown [U]	
<input type="checkbox"/> Student – Part-Time [G]			
Living Arrangement			
<input type="checkbox"/> House or apartment (includes trailers, hotels, dorms, barracks, etc.) [A]	<input type="checkbox"/> Adult Residential Facility, Social Rehabilitation Facility, Crisis [J]		
<input type="checkbox"/> House or apartment and requiring some support with daily living activities (applies to adults only) [B]	<input type="checkbox"/> Mental Health Rehabilitation Center (24-Hour) [K]		
<input type="checkbox"/> House or apartment and requiring daily support and supervision (applies to adults only) [C]	<input type="checkbox"/> Skilled Nursing Facility/Intermediate Care Facility/Institute of Mental Disease (IMD) [L]		
<input type="checkbox"/> Supported housing (applies to adults only) [D]	<input type="checkbox"/> Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF) [M]		
<input type="checkbox"/> Foster family home [E]	<input type="checkbox"/> State Hospital [N]		
<input type="checkbox"/> Group Home (includes Levels 1-12 for children) [F]	<input type="checkbox"/> Justice-related (Juvenile Hall, Department of Corrections and Rehabilitation Youth Facility, correctional facility, jail, etc.) [O]		
<input type="checkbox"/> Residential Treatment Center (includes Levels 13-14 for children) [G]	<input type="checkbox"/> Homeless, no identifiable residence [P]		
<input type="checkbox"/> Community Treatment Facility [H]	<input type="checkbox"/> Other [Q]		
<input type="checkbox"/> Board and Care [I]	<input type="checkbox"/> Unknown/Not Reported [U]		

NAME/MRN

Conservatorship / Court Status	
<input type="checkbox"/> Temporary Conservatorship (W&I Code, Section 5353) [A]	<input type="checkbox"/> Juvenile Court, Dependent of the Court (W&I Code, Section 300) [G]
<input type="checkbox"/> Lanterman-Petris-Short (W&I Code, Section 5358) [B]	<input type="checkbox"/> Juvenile Court, Ward - Status Offender (W&I Code, Section 601) [H]
<input type="checkbox"/> Murphy (W&I Code, Section 5008) [C]	<input type="checkbox"/> Juvenile Court, Ward - Juvenile Offender (W&I Code, Section 602) [I]
<input type="checkbox"/> Probate (Probate Code, Division 4, Section 1400) [D]	<input type="checkbox"/> Not Applicable [J]
<input type="checkbox"/> PC 2974 (Penal Code, Section 2974) [E]	<input type="checkbox"/> Unknown/Not Reported [U]
<input type="checkbox"/> Representative Payee Without Conservatorship (W&I Code, Section 5686) [F]	
Caregiver	
Is the client a Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Caregiver (under 18 years) How many dependents does consumer care for at least 50% of the time who are under 18 years of age?	
Caregiver (18 years and over) How many dependents does consumer care for at least 50% of the time who are 18 years of age and over ?	

DRAFT