

- Beneficiary Handbook given.
- CCMHP Provider Directory given.
- Client Registration
- Client Update



Facility Name: _____

MENTAL HEALTH SERVICES

Client Registration

Consumer ID: _____

Date: _____

Client's Last Name		First		Middle																																																																												
Social Security #		Date of Birth		Legal Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Unknown																																																																												
Is this address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Confidential																																																																																
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County			Country		Zip-Code																																																																											
Home Number ()		Mobile Phone Number ()																																																																														
Alternate Number Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Confidential Minor # <input type="checkbox"/> Other Phone					Text Message OK: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																											
Alternate Phone Number (Optional) ()		Email Address		Preferred Spoken Language																																																																												
				Need Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																												
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<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Race:</td> <td style="width: 20%;"><i>Asian</i></td> <td style="width: 20%;"><input type="checkbox"/> Malaysian</td> <td style="width: 20%;"><i>Black/African American</i></td> <td style="width: 20%;"><i>White</i></td> </tr> <tr> <td><input type="checkbox"/> Alaskan Native</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Iwo Jiman</td> <td><input type="checkbox"/> African American</td> <td><input type="checkbox"/> White/Other Caucasian</td> </tr> <tr> <td><input type="checkbox"/> American Indian</td> <td><input type="checkbox"/> Bangladeshi</td> <td><input type="checkbox"/> Maldivian</td> <td><input type="checkbox"/> African</td> <td><input type="checkbox"/> European</td> </tr> <tr> <td><input type="checkbox"/> Guamanian</td> <td><input type="checkbox"/> Bhutanese</td> <td><input type="checkbox"/> Nepalese</td> <td><input type="checkbox"/> Bahamian</td> <td><input type="checkbox"/> 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Congregate Care Name		Birth Country		Birth State																																																																												

Education:	<input type="checkbox"/> Vocation Training	Degree	Collage
<input type="checkbox"/> HS Degree (Diploma)	<input type="checkbox"/> Postsecondary Education Program	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Freshman
<input type="checkbox"/> GED	<input type="checkbox"/> None	<input type="checkbox"/> Masters	<input type="checkbox"/> Sophomore
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Unknown/Not Reported	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Junior
<input type="checkbox"/> Grade _____	Postgraduate <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> Senior

Facility Name:

Consumer ID:

EMERGENCY CONTACT			
Last Name	First Name	Relationship	
Primary Phone ()	Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Preferred Language	Need Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER INFORMATION			
Employment Status	<input type="checkbox"/> Part time	<input type="checkbox"/> Retired	<input type="checkbox"/> On Active Military Duty
<input type="checkbox"/> Full time	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Student-Part Time
		<input type="checkbox"/> Student-Full Time	<input type="checkbox"/> Unknown

DRAFT