



CONSUMER REPORTING FORM DISCHARGE REPORT

- MODALITY (SELECT ONLY ONE) SERVICE (SELECT ONLY ONE)
[] MH MENTAL HEALTH [] DS DSAMH
[] AD ALCOHOL /DRUG [] ME MEDICAID
[] DU CO - OCCURRING [] PR PRIVATE INSURANCE
[] GA GAMBLING

LAST NAME, FIRST NAME, M.I., SUFFIX, STREET (Optional), CITY, STATE, ZIP, COUNTY, HOME TELEPHONE (Optional)

TREATMENT UNIT NAME, TREATMENT UNIT ID #, DSAMH ADMISSION DATE, MCI #

MARITAL STATUS
[] M MARRIED
[] S SINGLE
[] D DIVORCED
[] X SEPARATED
[] W WIDOWED
[] U UNKNOWN

EDUCATION WRITE IN HIGHEST GRADE COMPLETED
01-12 ELEMENTARY/ HIGH SCHOOL
13-16 COLLEGE/ POST SECONDARY
17 MASTERS
18 PHD/MD
19 POST DOCTORAL
96 NEVER COMPLETED ANY GRADE HIGHER THAN PRE-SCHOOL OR KINDERGARTEN
97 UNKNOWN

PRIMARY EMPLOYMENT (DURING PAST 30 DAYS)
[] F FULL TIME
[] P PART TIME
[] E SHELTERED NON-COMPET (MH ONLY)
[] M MILITARY ARMED FORCES
[] L UNEMPLOYED - LOOKING FOR WORK
[] N UNEMPLOYED - NOT LOOKING
[] D DISABLED/UNABLE TO WORK
[] H HOMEMAKER
[] S STUDENT
[] R RETIRED
[] I INMATE/RESIDENT OF INSTITUTION
[] V VOLUNTEER
[] O OTHER
[] U UNKNOWN

CONSUMER'S PRIMARY SOURCE OF INCOME
[] S SOCIAL SECURITY
[] SI SSI
[] SD SSDI
[] VD VA - DISABILITY
[] VR VA - RETIREMENT
[] UI UNEMPLOYMENT INSURANCE
[] IL ILLEGAL
[] E EMPLOYMENT
[] S SPOUSE
[] F FAMILY/FRIENDS
[] A TANF
[] G GENERAL ASSISTANCE
[] P PENSION/RETIREMENT (IRA, KEOGH, SEP)
[] W WORKERS' COMPENSATION
[] D PRIVATE DISABILITY INSURANCE
[] I INVESTMENTS/SAVINGS
[] O OTHER
[] N NONE
[] U UNKNOWN

RESIDENTIAL ARRANGEMENT
[] PU PRIVATE RESIDENCE - UNSUPERVISED
[] PS PRIVATE RESIDENCE - SUPERVISED
[] FC ADULT FOSTER CARE
[] BH BOARDING HOUSE
[] GU GROUP SETTING/ UNSUPERVISED
[] GS GROUP SETTING/ SUPERVISED
[] NH NURSING HOME/ ICF/SNF
[] CJ CORRECTIONS FACILITY/JAIL
[] I OTHER INSTITUTION
[] O OTHER
[] N NONE/HOMELESS
[] U UNKNOWN

VETERAN STATUS
[] VP VETERAN/PREVIOUS MILITARY SERVICE (See Instructions)
[] AD ACTIVE DUTY
[] FM IMMEDIATE FAMILY MEMBER of MILITARY or VETERAN (See Instructions)
[] NA NONE OF THE ABOVE
[] U UNKNOWN

CURRENT LEGAL INVOLVEMENT
[] CP CHARGES PENDING
[] SP CONVICTED - SENTENCE PENDING
[] UP SENTENCED - UNSUPERVISED PROBATION (SENTAC I)
[] FS SENTENCED - FIELD SUPERVISION (SENTAC II)
[] IS SENTENCED - INTENSE SUPERVISION (SENTAC III)
[] QI SENTENCED - QUASI-INCARCERATION (SENTAC IV)
[] CJ SENTENCED - PRISON/CORRECTIONS/JAIL (SENTAC V)
[] HX HISTORY OF LEGAL INVOLVEMENT BUT NOT CURRENT
[] N NO CURRENT INVOLVEMENT OR HISTORY
[] U UNKNOWN

PRIMARY HEALTH INSURANCE
[] M MEDICARE
[] A MEDICAID
[] E MEDICAID MCO
[] C CHAMPUS
[] B BLUE CROSS/ BLUE SHIELD
[] V VA
[] H HMO
[] G OTHER GOVERNMENT FUNDS FOR CARE
[] P OTHER PRIVATE COMMERCIAL
[] O OTHER
[] N NONE
[] U UNKNOWN

HOMELESS AT ANY TIME DURING PAST 30 DAYS?
[] Y YES
[] N NO
[] U UNKNOWN

NUMBER OF ARRESTS 30 DAYS PRIOR TO DISCHARGE

CONSUMER'S GROSS INCOME PER YEAR
NUMBER DEPENDENT ON CONSUMER'S INCOME
WRITE IN NUMBER (01 - 20)
97 UNKNOWN
NUMBER OF CUSTODIAL DEPENDENT CHILDREN <=26

