SM	IARTCARE CAI	OMS ADMISSIO	ON FORM	
Client ID		Admission Date (mn	n / dd / yyyy)	
		(Edit if past dated)		
ADMISSION				
CalOMS Admission Type Initial Admission Transfer of Change in Service		FSN#		
# of Days Waited to Enter Tx (0-999) 99901 99904		# of Prior Episodes (0-999) 99900 99901 99904		
Special Services/Contract County Code		Special Services Contract ID (0000-9999) 99902		
CalWORKs Recipient Yes No Not Sure/Don't Know		SA Tx Under CalWORK WTWP Yes No Not Sure/Don't Know		
Source of Referral (select one) Individual, including self-referral Alcohol/Drug Abuse program Other Health Care Provider School/Educational Employer/EAP 12 Step Mutual Aid Probation or Parole	Post-release Comi DUI/DWI Adult Felon Drug (Dependency Drug Court/Criminal Jus Other Community Child Protective Se	Court tice Referral Referral	Gender Male Female Other	
Type of Treatment Service 1-Nonresidential/Outpatient Treatment/F 2-Nonresidential/Outpatient Day Prograr 3-Nonresidential/Outpatient Detoxification 5-Residential Detoxification (non-hospital)	m- intensive on		nent/recovery (30 days or less) ent/recovery (31 days or more)	
Client's Current First Name		Client's Current Last Name		
Client DOB		SSN 99900-Declined to State 99902-Not applicable (if client does not have a SSN) 99904-Unable to answer		
Birth First Name		Birth Last Name		
Current Zip Code (5-digit zip XXXXX or 00000-Homeless)		State of Birth if Within US (use other if born outside US)		
County of Birth State if Within US (use other if outside of CA)		Driver's License or \$ (13-digit ID) 99900, 99902, 99904	State ID#	
Driver's License State		Mother's First Name	or Individual Considered to be Mother	

Alternative Values can be used where allowable, and it is not possible to obtain the answers.

99900 – Client Declined to State

99901 - Unknow or Not Sure/Don't'Know

99902 – Not Applicable

99903 – Other

99904 – Client Unable to Answer (can only be used if client is in detox or developmental disability.

Races (Select at least one; not to exceed 5)	White Black/African American American Indian Alaskan Native Asian Indian Cambodian		Chinese Filipino Guamanian Hawaiian Japanese Korean		Laotian Samoan Vietnamese Other Asian Other Race Mixed Race
Ethnicity (select one) Not Hispanic Mexican/Mexican / Cuban		nerican	Puerto Rican Other Hispanic/Latino		
Is Client a US Veteran? (select one)		Yes No		Client declined to state Client unable to answer	
Disabilities (select all that apply)	None Visual Hearing Speech		Mobility Mental Developmentally Disabled Other Disability (Not SUD)		Client declined to state Client unable to answer
Sexual Orientation (select one)	Heterosexual/Straight Lesbian (Female) Gay (Male) Bisexual		Unsure/Questioning Declined to State Transgender		
Consent on File for Future Cont Yes	act				

SUD, MEDICAL & MENTAL HEALTH

ALCOHOL & DRUG USE INFORMATION

Primary Drug Information

No

Drug or Alcohol Type Other Amphetamines Non-Prescription Methadone None (Will be rejected) Other Stimulants Oxycodone / OxyContin Cocaine / Crack Heroin Other Opiates or Synthetics Alcohol Marijuana / Hashish Inhalants Over the Counter Barbiturates Other Hallucinogens Other Sedatives or Hypnotics Ecstasy Tranquilizers (e.g. Benzodiazepine) Methamphetamine Other Club Drugs Other Tranquilizers 99903-Other (specify)

 Number of Days Used in Past 30 Days
 Route of Administration

 (0-30)
 Oral
 Injection (IV or intramuscular)

 99902-None/not applicable
 Smoking
 99902-None or not applicable

99902-None/not applicable

Smoking

Smoking

Inhalation

99902-None or not applicable

99903-Other

Age of First Use Must select # between 5 and 105 | 99904-Unable to answer

Secondary Drug Information

Drug Type Other Amphetamines Non-Prescription Methadone Other Stimulants None (Will be rejected) Oxycodone / OxyContin Other Opiates or Synthetics Heroin Cocaine / Crack Marijuana / Hashish Alcohol Inhalants PCP Barbiturates Over the Counter Other Hallucinogens Other Sedatives or Hypnotics Ecstasy Tranquilizers (e.g. Benzodiazepine) Other Club Drugs Methamphetamine Other Tranquilizers 99903-Other (specify)

Alternative Values can be used where allowable, and it is not possible to obtain the answers.

99900 - Client Declined to State

99901 - Unknow or Not Sure/Don't'Know

99902 – Not Applicable

99903 - Other

99904 – Client Unable to Answer (can only be used if client is in detox or developmental disability.

Number of Days Used in Past 30 Days
(0-30)
99902-None or Not Applicable
Coral
Smoking
Injection (IV or intramuscular)
99902-None or not applicable
Inhalation
99903-Other

Age of First Use (5 -105) | 99904

Additional Drug Information

EMPLOYMENT INFORMATION

Employment Status

Employed Full Time (35 hours or more)
Part time (less than 35 hours
Unemployed looking for work
Unemployed not in the labor force (not seeking)
Not in the labor force (not seeking)

of Paid Workdays in Past 30
(0 and 30)
99900-Decline to state
99904-Unable to answer

Currently Enrolled in School

Yes No 99900 - Client declined to state 99904 - Client unable to answer

Currently Enrolled in Job Training

Yes No 99900 - Client declined to state 99904 - Client unable to answer

*Highest School Grade Completed

0-30 99900 – client declined to state 99904 Client unable to answer

LEGAL / CRIMINAL JUSTICE INFORMATION

Criminal Justice Status	CDCR Number (valid six-character string alpha/numeric)	
No criminal justice involvement		
Under parole supervision from CDC		
On parole from any other jurisdiction		
Post-release Community Service (AB109) or on		
probation from any federal, state, or local		
jurisdiction		
Admitted under other diversion from any court		
under CA Penal Code Section 1000		
Incarcerated		
Awaiting trial, charges or sentencing		
99904-Client unable to answer (Only if detox or		
developmentally disabled)		
# of Arrests in Last 30 Days (0-30)	# of Jail Days in Last 30 (0-30)	
# of Prison Days in Last 30 (0-30)	Parolee Services Network (PSN)	
	Yes No 99904 Client unable to answer	

Alternative Values can be used where allowable, and it is not possible to obtain the answers.

99900 - Client Declined to State

99901 - Unknow or Not Sure/Don't'Know

99902 – Not Applicable

99903 – Other

99904 – Client Unable to Answer (can only be used if client is in detox or developmental disability.

FOTP Parolee Yes No 99904 Client unable to answer		FOTP Priority Status Completed Forever Free and released and enrolled in treatment program Any woman paroling from CIW Completed Forever Free and goes direct to FOTP facility 99902-None or not Applicable 99904-Client unable to answer		
MEDICAL / PHYSICAL HEALTH I	NFORMATIO	ON		
Medi-Cal Beneficiary Yes No 99904 Client unable to answer		Pregnant at Admission Yes No 99901 Not Sure/Don't Know		
Medication Prescribed as Part of Tx (Report only meds prescribed by NTP provider all others should be none) None Methadone LAAM		Buprenorphine (Subutex) Buprenorphine (Suboxone) 99903 - Other Diagnosed with Tuberculosis? Yes No 99900 Client declined to state 99904 Client unable to answer		
Diagnosed with Hepatitis C? Yes No 99900 Client declined to state 99904 Client unable to answer		Diagnosed with Sexually Transmitted Disease? Yes No 99900 Client declined to state 99904 Client unable to answer		
HIV/AIDS Tested? Yes No 99900 Client declined to state 99904 Client unable to answer		HIV/AIDS Test Results Received? Yes No 99900 Client declined to state 99904 Client unable to answer		
# of Times Emergency Room in Past 30 (0-30)	# of Hospital (0-30)	Overnights in Past 30 Days	# of Days Medical Problems in Past 30 (0-30)	
MENTAL HEALTH INFORMATION	<u> </u>			
Mental Illness Diagnosed? Yes No 99901-Not Sure / Don't Know	V	Mental Health Medication in I Yes No 99904 Client unable		
# of Times Outpatient Emergency MH Services in Past 30 Days (0-30)		# of Days Stayed for More than 24 Hr in Hospital/Psychiatric for MH in Pas 30 (0-30)		
FAMILY / SOCIAL INFORMATION				
Current Living Arrangements Homeless Dependent Living Independent Living		# of Days Lived with Someone Who Uses Alcohol or drugs in Past 30 (0-30)		
# of Days Serious Family Conflict in Past 30 (0-30)		# of Children Age 17 or Less client or not (0-30)	(Birth or adopted), whether they live with	

Alternative Values can be used where allowable, and it is not possible to obtain the answers.

99900 – Client Declined to State

99901 - Unknow or Not Sure/Don't'Know

99902 – Not Applicable

99903 – Other

99904 – Client Unable to Answer (can only be used if client is in detox or developmental disability.

# of Children Age 5 or Younger (0-30) 99904 Client unable to answer	# of Children Age 17 or Under are Living w/Someone Else because Child Protection Order (0 and 30) 99904 Client unable to answer
# of Children Living w/Someone Else for whom Parental Rights have been Terminated (0 and 30) 99904 Client unable to answer	# of Days Social Support in Past 30 (12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, interactions with family member and /or friend support of recovery) (0-30) 99904 Client unable to answer
Staff Printed Name	
Staff Signature	Signature Date

Alternative Values can be used where allowable, and it is not possible to obtain the answers.

99900 – Client Declined to State

99901 - Unknow or Not Sure/Don't'Know

99902 – Not Applicable

99903 – Other

99904 – Client Unable to Answer (can only be used if client is in detox or developmental disability.