New York State Office of Alcoholism and Substance Abuse Services

CHILD IN RESIDENCE REPORT

Provider Number: __ __ __ __ __ **Primary Patient/Client No.:** __ __ __ __ __ __ __ __ __ __

Primary Client Information

Sex: ☐ Male ☐ Female **Birth Date:** __ __ /__ __/__ __ __ __ **Last 4 SSN:** __ __ __ __ **Last Name First 2 Letters:** __ __

Child Information

Sex: ☐ Male ☐ Female **Birth Date:** __ __ /__ __/__ __ __ __

Child ID: __ __ __ __ __ __ __ __ __ __ __ __ **Check In Date:** __ __/__ __/__ __ __ __
(use primary client ID number plus added identifier, such as 01, 02, A, B.)

Demographics

Race
- ☐ Alaska Native
- ☐ American Indian
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White
- ☐ Other

Hispanic Origin
- ☐ Puerto Rican
- ☐ Mexican
- ☐ Cuban
- ☐ Other Hispanic
- ☐ Not of Hispanic Origin
- ☐ Hispanic, Not Specified

Type of Residence:

- ☐ Institution, Other (jail, hospital)
- ☐ Other Group Residential Setting
- ☐ MH/MRDD Community Residence
- ☐ Private Residence
- ☐ Homeless, No Shelter
- ☐ Homeless, Shelter
- ☐ Single Resident Occupancy
- ☐ OASAS-certified Community Residence
- ☐ Other
- ☐ Unknown

Highest Grade Completed at Check-in:

- ☐ No education
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th

Physical Health Related Conditions

Hearing Impairment	☐ Yes	☐ No	Speech Impairment	☐ Yes	☐ No
Mobility Impairment	☐ Yes	☐ No	Sight Impairment	☐ Yes	☐ No
Other Major Physical Health Condition	☐ Yes	☐ No			

Mental Health Related Conditions

Mental Retardation/Developmental Disability ☐ Yes ☐ No Co-existing Psychiatric Disorder ☐ Yes ☐ No

Six Months Prior to Check In

No. of Days Hospitalized: __ __ __ **Reason for Hospitalization:** ☐ **Medical** ☐ **Psychiatric** ☐ **Both**

Number of ER Visits: __ __

CHILD IN RESIDENCE REPORT

Check Out Information

Check Out Date: __ __/__ __/__ __ __ __

Living Arrangements: ☐ Living w/Non-Related Persons ☐ Living with Spouse/Relatives

Check Out Reason:

- ☐ Parent discharged
- ☐ Transferred to care of relative/friend
- ☐ Transferred to foster care
- ☐ Child death
- ☐ Hospitalized
- ☐ Transferred to another institution
- ☐ Transferred to a youth detention facility
- ☐ Other

Highest Grade Completed at Check-out:

- ☐ No education
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th