

**NYS Office of Alcoholism and Substance Abuse Services  
CHILD IN RESIDENCE REPORTING INSTRUCTIONS  
(Both Check In and Check Out)**

**PROVIDER NUMBER**

Enter the five digit provider number assigned by OASAS that identifies the treatment service provider.

**PATIENT/CLIENT NUMBER**

Enter the primary patient's (parent) ID number.

**PRIMARY CLIENT INFORMATION**

**Enter the following information on the primary patient (parent).**

**SEX**

Enter **Male or Female**.

**BIRTH DATE** ( \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ )

Enter two digits each for the month and day and four digits for the year of birth (e.g., March 8, 1948 would be 03/08/1948).

**LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER**

Enter the last four digits of the **primary patient's** social security number (SSN), as assigned by the Social Security Administration. In the event that the patient does not have a SSN, enter 0000. If another person is providing insurance coverage, be sure to use the patient's SSN, not the SSN of the insured. If 9999 was used at admission, please correct the patient's SSN through the "Client Management" section of the Client Data System.

**FIRST TWO LETTERS OF LAST NAME**

Enter the first two letters of the primary patient's last/**birth name** (Smith = SM, O'Brien = OB). For patients who have changed their last name, use their BIRTH name (e.g., Maiden Name).

**CHILD INFORMATION**

**SEX**

Enter **Male or Female**.

**BIRTH DATE** ( \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ )

Enter two digits each for the month and day and four digits for the year of birth (e.g., March 8, 2005 would be 03/08/2005).

**CHILD ID**

Enter an ID number, preferably using the primary patient's ID number with an added identifier for each child. For example, if the primary client's ID number is 12345678, the child's ID number could be 1234567801 or 12345678A. **Do not use spaces, dashes or characters other than alpha/numerical. Do not zero fill unused spaces.**

**CHECK IN DATE**

Enter the date the child was checked in to the residence. Please note a child cannot be checked in prior to the primary patient being admitted.

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**DEMOGRAPHICS**

**RACE**

Based on staff observation, primary client input and/or self-identification, enter the appropriate race. If the child is racially mixed, enter the race with which he/she or the parent identifies.

**Alaska Native (Aleut, Eskimo, Indian)**

A person having origins in any of the native people of Alaska.

**American Indian (Other than Alaska Native)**

A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

**Asian**

A person having origins in any of the original people of the Far East, Indian Subcontinent, Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand and Vietnam.

**Black or African American**

A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White**

A Caucasian person having origins in any of the people of Europe (including Portugal), North Africa, or the Middle East.

**Other**

A category for use when the patient is not classified above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.

**HISPANIC ORIGIN**

Indicate the most appropriate origin.

**Cuban**

A person of Cuban origin, regardless of race.

**Mexican**

A person of Mexican origin, regardless of race.

**Other Hispanic**

A person from Central or South America, including the Dominican Republic, and all other Spanish cultures and origins (including Spain), regardless of race.

**Puerto Rican**

A person of Puerto Rican origin, regardless of race.

**Hispanic, Not Specified**

A person of Hispanic origin, but specific origin is not known or not specified.

**Not of Hispanic Origin**

A person whose origin is not Hispanic and is not included in the five categories above.

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**CHILD OF ALCOHOLIC/SUBSTANCE ABUSER**

Enter the category that best describes the status of the child.

**No**

**Child of Alcoholic(s)**

**Child of Substance Abuser(s)**

**Both COA and COSA**

**TYPE OF RESIDENCE**

Enter the category that best describes the child's type of residence at the time of check-in.

**Private Residence**

**Homeless: shelter** (includes a person or family who is undomiciled, has no fixed address, lacks a regular night time residence, and is residing in some type of temporary accommodation; i.e., hotel, shelter, residential program for the victims of domestic violence).

**Homeless: no shelter, or circulates among acquaintances** (includes a person or family who is undomiciled, has no fixed address, lacks a regular night time residence, and circulates among acquaintances or is residing in a place not designed or originally used as a regular sleeping accommodation for human beings.)

**Single Resident Occupancy** (hotel, rooming house, adult home, or residence for adults)

**CD Community Residence**

**MH/MRDD Community Residence**

**Other Group Residential setting** (Other Group Residential may include group homes, supervised apartments, college housing or military barracks.)

**Institution, Other than above** (e.g., jail, hospital)

**Other**

**HIGHEST GRADE COMPLETED**

Enter the child's highest grade **completed at the time of check-in.**

**No Education**

**01 to Grade 11**– Enter grade completed

**PHYSICAL HEALTH RELATED CONDITIONS**

Enter **Yes** or **No** for the physical health related conditions that apply.

*Impairment (Hearing, Mobility, Speech, Sight) refers to any condition which renders that body system diminished or less than fully functional. It is understood that many persons cope successfully with physical impairment. **However, if the impairment does or has the potential to interfere with a successful stay within the program, it should be recorded as "Yes."***

*Other **Major Physical Health Conditions** may include any condition not already noted, that requires regular health care, which may be a complicating factor in successful stay of the child.*

**Hearing Impairment**

**Mobility Impairment**

**Other Major Physical Health Condition**

**Sight Impairment**

**Speech Impairment**

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**MENTAL HEALTH RELATED CONDITIONS**

Enter **Yes** or **No** to each of the following:

**Mental Retardation/Developmental Disability** Describes a group of disorders, acquired before the age of 22, the predominant feature of which is a disturbance in the acquisition of cognitive, language, motor or social skills. If available, the IQ is less than 70.

**Co-existing Psychiatric Disorder** Refers either to a diagnosis of mental illness which is available to the clinician at the time of admission either by primary patient report, child report or records, or by presenting symptoms which the clinician recognizes as possibly being symptomatic of mental illness. The recognition of symptoms does not constitute a diagnosis on the part of the clinician, but may indicate symptoms which need to be addressed in a treatment plan.

**THE FOLLOWING ITEMS RELATE TO THE SIX-MONTH PERIOD PRIOR TO THIS CHECK IN**

**Number of days the child was hospitalized for non-detox services**

Enter the number of days that the child spent in a hospital for other than detoxification services during the last six months.

**If hospitalized, please specify reason: medical, psychiatric, or both**

**Number of emergency room episodes for which the child received treatment**

Enter the number of separate incidences in which the child used emergency room services during the last six months.

**CHECK OUT INFORMATION**

**CHECK OUT DATE**

Enter the date the child was checked out. **Children must be checked out before the primary patient (parent) can be discharged.**

**LIVING ARRANGEMENTS**

Enter the child's living arrangements at the time of check out.

**Living with Non-related persons**

**Living with Spouse/Relatives**

**CHECK OUT REASON**

Enter the reason the child was checked out.

**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**

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**HIGHEST GRADE COMPLETED AT CHECK OUT**

Enter the child's highest grade **completed at the time of check out.**

**No Education**

**01 to Grade 11**– Enter grade completed

**REPORTS**

Programs are able to run the following reports to see data for children checked in and out of the program:

**Child in Residence Transaction Report** – Shows either Children Checked In or Checked Out for a period of time that you select and includes identifying information, demographics, physical and mental health conditions, and/or check out information.

**Provider Activity Report** – Shows primary patients and their identifying information for the period of time that you select for:

Client Admissions, Client Transfers In and Out, Client Discharges, Children in Residence Checked In, and Children In Residence Checked Out.

**Provider Activity Summary Report** – Shows the summary totals only of primary patient admissions, discharges and transfers, as well as total number of children checked in and out.

**Client ID Report** – Shows a listing of patients by Provider Client ID or Client Tracking ID. Children appear at the end of the list.