

### 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Institution, Other (jail, hospital) | <input type="checkbox"/> Homeless, Shelter                   |
| <input type="checkbox"/> Other Group Residential Setting     | <input type="checkbox"/> Single Resident Occupancy           |
| <input type="checkbox"/> MH/MRDD Community Residence         | <input type="checkbox"/> OASAS-certified Community Residence |
| <input type="checkbox"/> Private Residence                   | <input type="checkbox"/> Other                               |
| <input type="checkbox"/> Homeless, No Shelter                | <input type="checkbox"/> Unknown                             |

#### Highest Grade Completed at Check-in:

- |                                       |                               |
|---------------------------------------|-------------------------------|
| <input type="checkbox"/> No education | <input type="checkbox"/> 6th  |
| <input type="checkbox"/> 1st          | <input type="checkbox"/> 7th  |
| <input type="checkbox"/> 2nd          | <input type="checkbox"/> 8th  |
| <input type="checkbox"/> 3rd          | <input type="checkbox"/> 9th  |
| <input type="checkbox"/> 4th          | <input type="checkbox"/> 10th |
| <input type="checkbox"/> 5th          | <input type="checkbox"/> 11th |

#### Physical Health Related Conditions

- |                                       |  |                   |  |
|---------------------------------------|--|-------------------|--|
| Hearing Impairment                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Speech Impairment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mobility Impairment                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sight Impairment  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other Major Physical Health Condition | <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

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

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### 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
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### Highest Grade Completed at Check-out:

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