

Child in Residence Report

Provider Number: _____ Primary Patient/Client No.: _____

Primary Client Information

Sex: Male Female X Birth Date: ___/___/___ Last 4 SSN: _____

Last Name First 2 Letters: _____

Child Information

Sex: Male Female X 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

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

Type of Residence

- Private Residence
 Homeless, Shelter
 Homeless, No Shelter
 Single Resident Occupancy
 Residential Services for SUD/Congregate
 Residential Services for SUD/Scatter-Site
 MH/DD Community Residence
 Other Group Residential Setting
 Institution, Other (jail, hospital)
 Other

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

Child in Residence Report

Mental Health-Related Conditions

Intellectual Disability/Developmental Disability Yes No Co-existing Psychiatric Disorder Yes No

Six Months Prior to Check-in

Number of Days Hospitalized: ___ ___ Reason for Hospitalization: Medical Psychiatric Both

Number of ER Visits: ___ ___

Checkout Information

Checkout Date: ___ ___ / ___ ___ / ___ ___

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

Checkout 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 Checkout

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