NYS Office of Addiction Services and Supports

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
- ☐ 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

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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