

Child in Residence Report

Provider Number: _____ Primary Client ID: _____

Primary Client Information

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

Last Name First 2 Letters: ___
(Birth Name)

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
- Asian
- Black or African American
- Hawaiian or other Pacific Islander
- Middle Eastern or North African
- Native American, Indigenous, or American Indian
- White
- Some other race, ethnicity, origin

Asian Origin

- Asian Indian (East Indian)
- Bangladeshi
- Burmese
- Cambodian
- Chinese
- Filipino
- Hmong
- Indonesian
- Japanese
- Korean
- Laotian
- Malaysian
- Nepalese
- Pakistani
- Sri Lankan
- Taiwanese
- Thai
- Tibetan
- Vietnamese
- Asian, Not Specified
- Not of Asian Origin

Hispanic Origin

- Cuban
- Mexican
- Puerto Rican
- Hispanic/Latino/a/x, Not Specified
- Not of Hispanic Origin

Pacific Islander Origin

- Fijian
- Guamanian
- Hawaiian
- Samoan
- Tongan
- Pacific Islander, Not Specified
- Not of Pacific Islander Origin

Type of Residence

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

Highest Grade Completed at Check-in

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

Child in Residence Report

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

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/Guardian 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