NYS Office of Addiction Services and Supports

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

- ☐ Central American
- ☐ Colombian
- ☐ Cuban
- ☐ Dominican
- ☐ Ecuadorian
- ☐ Guatemalan
- ☐ Honduran
- ☐ Mexican
- ☐ Peruvian
- ☐ Puerto Rican
- ☐ Salvadoran
- ☐ South American
- ☐ 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

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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