

**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