

**NYS Office of Addiction Services and Supports
CHILD IN RESIDENCE REPORT INSTRUCTIONS (PAS-91)
(Both Check In and Check Out)**

*These instructions are for the purpose of completing the PAS-91N form only.
They do not supersede or replace existing regulations.*

PROVIDER NUMBER

Enter the five-digit provider number assigned by OASAS that identifies the treatment service provider.

CLIENT/CLIENT NUMBER

Enter the primary client's (parent) ID number.

PRIMARY CLIENT INFORMATION

Enter the following information on the primary client (parent).

SEX

Enter **Male, Female, or X**, as documented on birth certificate. If the client is transsexual, choose the gender that was recorded at time of birth.

BIRTH DATE

Enter two digits each for the month and day and four digits for the year of birth (e.g., March 8, 1998 would be 03/08/1998).

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

Enter the last four digits of the **primary client's** social security number (SSN), as assigned by the Social Security Administration. If the client does not have an SSN, enter 0000. If another person is providing insurance coverage, be sure to use the client's SSN, not the SSN of the insured. Please be sure that the numbers are entered in the correct order. These numbers are critical to OASAS' ability to track clients as they move through the treatment system.

FIRST TWO LETTERS OF LAST NAME

Enter the first two letters of the primary client's last/**birth name** (Smith = SM, O'Brien = OB). For clients who have changed their last name, use their BIRTH name (e.g., Maiden Name).

CHILD INFORMATION

SEX

Enter gender, **Male, Female or X**, as documented on birth certificate. If the individual is transsexual, use the gender that was recorded at time of birth.

BIRTH DATE

Enter two digits each for the month and day and four digits for the year of birth.

CHILD ID

Enter an ID number, preferably using the primary client's ID number with an added identifier for each child. For example, if the primary client's ID number is 12345678, the child's ID number could be 1234567801 or 12345678A. **Do not use spaces, dashes or characters other than alpha/numerical. Do not zero fill unused spaces.**

CHECK IN DATE

Enter the date the child was checked into the residence. Please note a child cannot be checked in prior to the primary client being admitted.

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DEMOGRAPHICS

RACE

Based on staff observation, primary client input and/or self-identification, enter the appropriate race. If the child is multiracial, enter the race with which they or the parent identifies.

Alaska Native (Aleut, Eskimo, Indian)

A person having origins in any of the native people of Alaska.

American Indian (Other than Alaska Native)

A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

Asian

A person having origins in any of the original people of the Far East, Indian Subcontinent, Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand and Vietnam.

Black or African American

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White

A Caucasian person having origins in any of the people of Europe (including Portugal), North Africa, or the Middle East.

Other

A category for use when the child's race is not classified above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.

HISPANIC ORIGIN

Indicate the most appropriate origin.

Cuban

A person of Cuban origin, regardless of race.

Mexican

A person of Mexican origin, regardless of race.

Puerto Rican

A person of Puerto Rican origin, regardless of race.

Other Hispanic

A person from Central or South America, including the Dominican Republic, and all other Spanish cultures and origins (including Spain), regardless of race.

Hispanic, Not Specified

A person of Hispanic origin, but specific origin is not known or not specified.

Not of Hispanic Origin

A person whose origin is not Hispanic and is not included in the five categories above.

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TYPE OF RESIDENCE

Enter the category that best describes the child's type of residence at the time of check-in.

Private Residence

Homeless: shelter Includes a person or family who is undomiciled, has no fixed address, lacks a regular nighttime residence, and is residing in some type of temporary accommodation (i.e., hotel, shelter, residential program for the victims of domestic violence).

Homeless: no shelter, or circulates among acquaintances Includes a person or family who is undomiciled, has no fixed address, lacks a regular nighttime residence, and circulates among acquaintances or is residing in a place not designed or originally used as a regular sleeping accommodation for human beings.

Single Resident Occupancy Hotel, rooming house, adult home, or residence for adults.

Residential Services for SUD*/Congregate A community living experience in one location with onsite staff available seven days a week, twenty-four hours a day, such as a community residence or Part 820 residential program.

Residential Services for SUD/Scatter-Site A community living experience where housing is provided at various locations where staff provide, at a minimum, case management and supervision through weekly in-house visits. Examples include supportive living or part 820 residential programs with a reintegration setting of scatter-site.

MH/DD Community Residence Mental Health/Developmental Disabilities Community Residence

Other Group Residential Setting Other Group Residential may include group homes, supervised apartments, college housing or military barracks.

Institution, Other (e.g., jail, hospital)

Other

*SUD=Substance Use Disorder

HIGHEST GRADE COMPLETED

Enter the child's highest grade **completed at the time of check-in.**

No Education

01 to Grade 11– Enter grade completed

PHYSICAL HEALTH-RELATED CONDITIONS

Enter **Yes** or **No** for the physical health related conditions that apply.

*Impairment (Hearing, Mobility, Speech, Sight) refers to any condition which renders that body system diminished or less than fully functional. It is understood that many persons cope successfully with physical impairment. **However, if the impairment does or has the potential to interfere with a successful stay within the program, it should be recorded as "Yes."***

*Other **Major Physical Health Conditions** may include any condition not already noted, that requires regular health care, which may be a complicating factor in successful stay of the child.*

Hearing Impairment

Mobility Impairment

Other Major Physical Health Condition

Sight Impairment

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Speech Impairment

MENTAL HEALTH-RELATED CONDITIONS

Enter **Yes** or **No** to each of the following:

Intellectual Disability/Developmental Disability – Describes a group of disorders, acquired before the age of 22, the predominant feature of which is a disturbance in the acquisition of cognitive, language, motor or social skills. If available, the IQ is less than 70.

Co-existing Psychiatric Disorder – Refers either to a diagnosis of mental illness which is available to the clinician at the time of admission either by primary client report, child report or records, or by presenting symptoms which the clinician recognizes as possibly being symptomatic of mental illness. The recognition of symptoms does not constitute a diagnosis on the part of the clinician, but may indicate symptoms which need to be addressed in a treatment plan.

THE FOLLOWING ITEMS RELATE TO THE SIX-MONTH PERIOD PRIOR TO THIS CHECK IN

Number of days the child was hospitalized for non-detox services

Enter the number of days that the child spent in a hospital for other than detoxification services during the last six months.

If hospitalized, please specify reason: medical, psychiatric, or both

Number of emergency room episodes for which the child received treatment

Enter the number of separate incidences in which the child used emergency room services during the last six months.

CHECK OUT INFORMATION

CHECK OUT DATE

Enter the date the child was checked out. **Children must be checked out before the primary client (parent) can be discharged.**

LIVING ARRANGEMENTS

Enter the child's living arrangements at the time of check out.

Living with Non-related persons

Living with Spouse/Relatives

CHECK OUT REASON

Enter the reason the child was checked out.

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

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Other

HIGHEST GRADE COMPLETED AT CHECK OUT

Enter the child's highest grade **completed at the time of check out.**

No Education

01 to Grade 11– Enter grade completed

REPORTS

Programs are able to run the following reports to see data for children checked in and out of the program:

Child in Residence Transaction Report – Shows either Children Checked In or Checked Out for a period of time that you select and includes identifying information, demographics, physical and mental health conditions, and/or check out information.

Provider Activity Report – Shows primary clients and their identifying information for the period of time that you select for:

Client Admissions, Client Transfers In and Out, Client Discharges, Children in Residence Checked In, and Children In Residence Checked Out.

Provider Activity Summary Report – Shows the summary totals only of primary client admissions, discharges and transfers, as well as total number of children checked in and out.