

Annual Consumer Reporting Form

(SELECT MODALITY)

- [] MH MENTAL HEALTH
[] AD ALCOHOL /DRUG (ONLY ONE)
[] DU CO - OCCURRING (MH & AD)
[] GA GAMBLING

Last Name _____

First Name _____ M.I. _____

STREET (Optional) _____

City (Optional) _____ STATE (Optional) _____

ZIP (Optional) _____ COUNTY (Optional) _____

HOME TELEPHONE (Optional) (____) _____

Treatment Unit Name _____

Treatment Unit ID # _____

MCI # 0 0 0 _____

Residential Arrangement

- [] PU Private Residence - Unsupervised
[] PS Private Residence - Supervised
[] FC Licensed Adult Foster Care
[] UF Unlicensed Adult Foster Care
[] BH Boarding Home
[] GU Group Home Setting - Unsupervised
[] GS Group Home Setting- Supervised
[] NH Nursing Home, ICF - SNF
[] CJ Corrections Facility- Jail
[] PH Psychiatric Hospital > 180 days
[] PW Psychiatric Ward- General Hospital > 180 Days .
[] I Other Institution
[] N No Domicile - Homeless
[] EH Emergency Housing, Shelter < 30 Days
[] TH Transitional Housing ≥30 Days
[] CR Crisis Residence
[] O Other
[] U Unknown

Homeless At Any Time During The Past 12 Months?

- [] Y Yes
[] N No
[] U Unknown

Housing Subsidy

- [] FH State/Federal Subsidized Housing
[] SA Subsidized with Client Assistance Funds
[] NS No Rental Subsidy

Regular Place to Live

- [] Y Yes
[] N No
[] U Unknown

How many places has the consumer lived in the past 90 days?

- [] 1 [] 2 [] 3 [] 4 [] 5
[] 6 [] 7 [] 8 [] >= 9

Primary Employment (During the Past 30 Days)

- [] F Full Time
[] P Part Time
[] M Military Armed Forces
[] L Unemployed - Looking for Work
[] N Unemployed - Not Looking
[] D Disabled - Unable to Work
[] H Homemaker
[] S Student
[] R Retired
[] I Inmate-or Resident of Institution
[] V Volunteer
[] O Other
[] U Unknown

Veteran Status

- [] VP VETERAN/PREVIOUS MILITARY SERVICE (See Instructions)
[] AD ACTIVE DUTY
[] FM IMMEDIATE FAMILY MEMBER OF MILITARY or VETERAN (See Instructions)
[] NA NONE OF THE ABOVE
[] U UNKNOWN

Consumer's Primary Paid Employment Type: Select one.

- [] SD Sheltered
[] CN Competitive/Not Supported
[] CS Competitive/ Supported
[] N Not working

On average how many hours per week has the consumer spent on his/her primary activity during the past 90 days?

____ (Max. 168 Hrs)

Number Of Arrests Past 30 Days

Receiving EBP's

- [] SH Supported Housing
[] SE Supported Employment
[] AC Assertive Community Treatment
[] FP Family Psychoeducation
[] IT Integrated Treatment for Co-occurring-Occurring Disorders
[] IM Illness Management & Recovery
[] NA None of the Above

Primary Health Insurance

- [] M Medicare
[] A Medicaid
[] E Medicaid MCO
[] C Campus
[] B Blue Cross/ Blue Shield
[] V VA
[] H HMO
[] G Other Government Funds for Care
[] P Other Private Commercial
[] O Other
[] N None
[] U Unknown

Consumer's Primary Source Of Income

- [] SS Social Security
[] SI SSI
[] SD SSDI
[] VD VA - Disability
[] VR VA - Retirement
[] UI Unemployment Insurance
[] IL Illegal
[] E Employment
[] S Spouse
[] F Family -Friends
[] A TANF
[] G General Assistance
[] P Pension-Retirement (IRA, EOGH, SEP)
[] W Workers' Compensation
[] D Private Disability Insurance
[] I Investments-Savings
[] O Other
[] N None
[] U Unknown

Consumer's Gross Income Per Year

\$ _____

Number Dependent On Consumer's Income Write In Number (01 - 20)

____ 97 Unknown

Education Write In Highest Grade Completed

- 01-12 Elementary/ High School
13-16 College/ Post Secondary
17 Masters
18 PHD/MD
19 Post Doctoral
96 Never Completed any grade /Only Kindergarten
97 Unknown



**DELAWARE DIVISION OF
 SUBSTANCE ABUSE AND MENTAL HEALTH**

Annual Consumer Reporting Form

MCI #

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TREATMENT UNIT ID #

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<p>Currently Pregnant</p> <p><input type="checkbox"/> Y Yes <input type="checkbox"/> N No <input type="checkbox"/> U Unknown</p>	<p>Injection Drug Use Ever</p> <p><input type="checkbox"/> Y Yes <input type="checkbox"/> N No <input type="checkbox"/> U Unknown</p>	<p>Current Legal Involvement</p> <p><input type="checkbox"/> CP Charges Pending <input type="checkbox"/> SP Convicted - Sentence Pending <input type="checkbox"/> UP Sentenced - Unsupervised Probation (SENTAC I) <input type="checkbox"/> FS Sentenced - Field Supervision (SENTAC II) <input type="checkbox"/> IS Sentenced - Intense Supervision (SENTAC III) <input type="checkbox"/> QI Sentenced - QUASH-Incarceration (SENTAC IV) <input type="checkbox"/> CJ Sentenced - Prison-Corrections-Jail (SENTAC V) <input type="checkbox"/> HX History Of Legal Involvement But Not Current <input type="checkbox"/> N No Current Involvement Or History <input type="checkbox"/> U Unknown</p>			<p>Expected Source Of Payment</p> <p><input type="checkbox"/> D DSAMH <input type="checkbox"/> I Individual-Family <input type="checkbox"/> B Blue Cross/ Blue Shield <input type="checkbox"/> H HMO <input type="checkbox"/> P Other Private Insurance <input type="checkbox"/> M Medicare (TITLE XVIII) <input type="checkbox"/> A Medicaid (TITLE XIX) <input type="checkbox"/> E Medicaid MCO <input type="checkbox"/> V Veterans Administration <input type="checkbox"/> C Champus <input type="checkbox"/> W Workers' Compensation <input type="checkbox"/> G Other GOV'T Funds <input type="checkbox"/> S SENTAC <input type="checkbox"/> O Other <input type="checkbox"/> N None-Provider Absorbs <input type="checkbox"/> U Unknown</p>																								
<p>Alcohol & Drug Use Matrix</p> <p>Substance Type</p> <p>Frequency Of Use</p> <p>Route Of Administration</p> <p>Age Of First Use</p>	<p>Primary</p>	<p>Secondary</p>	<p>Tertiary</p>	<p>Frequency Of Use</p> <p>N No Use In Past Month I Infrequent (1-3 Times Past Month) O Often (1-2 Times Per Week) F Frequently (3-6 Times Per Week) D Daily M More Than Twice Daily U Unknown</p>	<p><input type="checkbox"/> J Other <input type="checkbox"/> N None-Provider Absorbs <input type="checkbox"/> U Unknown</p>																								
<p>Substance Type Codes To Use In Box Above</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">AL Alcohol</td> <td style="width: 33%;">MD Non-Prescription Methadone</td> <td style="width: 33%;">LS LSD</td> </tr> <tr> <td>CO Cocaine</td> <td>BA Barbiturates</td> <td>HA Other Hallucinogens</td> </tr> <tr> <td>CR Crack</td> <td>SE Other Sedatives Or Hypnotics</td> <td>IN Inhalants</td> </tr> <tr> <td>ME Methamphetamines</td> <td>BE Benzodiazepines</td> <td>ST Steroids</td> </tr> <tr> <td>AM Other Amphetamines</td> <td>TR Major Tranquilizers</td> <td>OC Over-The-Counter Drugs</td> </tr> <tr> <td>OS Other Stimulants</td> <td>CS Cough Syrups And Mixtures</td> <td>Other</td> </tr> <tr> <td>HE Heroin</td> <td>MA Marijuana-Hashish</td> <td>N None</td> </tr> <tr> <td>OP Other Opiates & Synthetics</td> <td>PC PCP</td> <td>U Unknown</td> </tr> </table>				AL Alcohol	MD Non-Prescription Methadone	LS LSD	CO Cocaine	BA Barbiturates	HA Other Hallucinogens	CR Crack	SE Other Sedatives Or Hypnotics	IN Inhalants	ME Methamphetamines	BE Benzodiazepines	ST Steroids	AM Other Amphetamines	TR Major Tranquilizers	OC Over-The-Counter Drugs	OS Other Stimulants	CS Cough Syrups And Mixtures	Other	HE Heroin	MA Marijuana-Hashish	N None	OP Other Opiates & Synthetics	PC PCP	U Unknown	<p>Route Of Administration</p> <p>M By Mouth (Swallow) S Smoke B Breath-Inhale-Snort V Intravenous I Other Injection O Other N None U Unknown</p>	<p>CSI - Completed (Co-Occurring Screening Instrument)</p> <p><input type="checkbox"/> Y Yes <input type="checkbox"/> N No <input type="checkbox"/> NT Not Applicable</p> <p>Screened positive for Co-occurring Disorders</p> <p><input type="checkbox"/> Y Yes <input type="checkbox"/> N No <input type="checkbox"/> NT Not Applicable</p>
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Print Name - Person Completing Form

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Staff ID

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DATE

Signature



PSYCHIATRIC DIAGNOSIS

Consumer's Name _____
Last First M.I.

MCI #

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TREATMENT UNIT ID #

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DIAGNOSIS

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Print Name - Physician Formulating/Confirming Diagnosis

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Physician ID

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DATE

Signature