☐Beneficiary Handbook given
☐CCMHP Provider Directory given
☐Client Registration
☐Client Update

Date: _____

CONTRA COSTA BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

Client Registration

Staff ID: _____
Facility Name: _____
Program Name: _____
Consumer ID: _____

CLIENT NAME				
Client's Current Last Name	**First**	**Middle**	**Gen** (Sr., Jr)	**Name Suffix**

IDENTIFICATION				
Date of Birth	**SS#**	**Client Identification No. (CIN)**	**Driver's License No.**	**Driver's License State**

Mother's Last Name	**Mother's First Name**	**County of Birth**	**State of Birth**	**Country of Birth**

ADDRESS			
Street Address	**City**	**State**	**Zip-Code+4**

Address Type *(Please check one)* ☐Home ☐Work ☐Shelter ☐Homeless ☐Foreign ☐Unknown

County of Residency	**County of Liability**	**Email:**

TELEPHONE	
Telephone Number	**Telephone Type** ☐Cell ☐Fax ☐Home ☐Message ☐Pager ☐Work

DEMOGRAPHICS	
Healthcare Employee? *(for adults only)* ☐Yes ☐No	**Congregate Care Setting?** ☐Yes - Name of Facility: _____ ☐No
Gender: ☐Female ☐Male ☐Other ☐Unknown	**Marital Status:** ☐Divorced ☐Married ☐Not Collected ☐Separated ☐Single ☐Widowed ☐Unknown
# Dependents Under 18:	**# Dependents Over 18:**

Hispanic Origin: (check one response)

☐Cuban ☐Other Hispanic/Latino
☐Hispanic ☐Puerto Rican
☐Mexican/Mexican American ☐Unknown/Not Reported
☐Not Hispanic

Mother's Maiden Name: _____

Veteran Status ☐Yes ☐No

Race: (check all that apply)

☐Alaskan Native	☐Chinese	☐Korean	☐Mixed Race	☐Other Pacific Islander	☐ Unknown/ Not Reported
☐American Indian	☐Filipino	☐Laotian	☐Native Hawaiian	☐Other Southeast Asian	
☐Asian Indian	☐Guamanian	☐Latín American	☐Other	☐Samoan	
☐Black/African American	☐Hmong	☐Mexican American	☐Other Asian	☐Vietnamese	
☐Cambodian	☐Japanese	☐Mien	☐Other Hispanic	☐White or Caucasian	

Primary Language: (check one response)

☐American Sign Language	☐Hebrew	☐Other Chinese	☐Samoan
☐Arabic	☐Hmong	☐Other Non-English	☐Spanish
☐Armenian	☐Ilocano	☐Other Sign Language	☐Tagalog
☐Cambodian	☐Italian	☐Polish	☐Thai
☐Cantonese	☐Japanese	☐Portuguese	☐Turkish
☐English	☐Korean	☐Russian	☐Vietnamese
☐Farsi	☐Lao		☐Unknown/ Not Reported
☐French	☐Mandarin		
	☐Mien		

Proficiency:
Speaking: ☐High ☐Med ☐Low **Reading**: ☐High ☐Med ☐Low

Preferred Language: (check one response)

☐ American Sign Language	☐Hebrew	☐Other Chinese	☐Samoan
☐Arabic	☐Hmong	☐Other Non-English	☐Spanish
☐Armenian	☐Ilocano	☐Other Sign Language	☐Tagalog
☐Cambodian	☐Italian	☐Polish	☐Thai
☐Cantonese	☐Japanese	☐Portuguese	☐Turkish
☐English	☐Korean	☐Russian	☐ Vietnamese
☐Farsi	☐Lao		☐Unknown/ Not Reported
☐French	☐Mandarin		
	☐Mien		

Proficiency :
Speaking: ☐High ☐Med ☐Low **Reading**: ☐High ☐Med ☐Low

Consumer Name _____ Consumer MRN/ID _____

EDUCATION	ACCOMMODATIONS
Type: ☐None ☐Grade-Indicate Highest Grade Completed _____ **School District:** _____ ☐Client Declined to State ☐ Unknown/ Not Reported **Degree:** ☐AA ☐BA ☐High School ☐MA ☐ MD/DO ☐ PhD	**Disability:** (check one response) ☐None ☐Visual ☐Hearing Speech ☐Mobility ☐Mental ☐Developmentally Disabled ☐Other Disability

EMERGENCY OR MESSAGE CONTACT				
Relation to Client:	**Contact Type:** ☐Emergency Contact ☐Message			
Name Type: ☐Current Name ☐Preferred Name ☐Birth Name ☐Alias Name ☐Legal Name ☐Married Name				
Last Name	**First Name**	**Telephone Number**		**Social Security Number**

GUARANTOR (If other than self)				
Relation to Client:	**Name Type**: ☐Current Name ☐Preferred Name ☐Birth Name ☐Alias Name ☐Legal Name ☐Married Name			
Last Name	**First Name**			**Social Security Number**
Address	**City**	**State**	**Zip-Code+4**	**Telephone Number**

Completed by: _____ Date: _____

Reviewed by: _____ Date: _____ _____

Data Entry Initials