

# Client Registration

- Beneficiary Handbook given.
- CCMHP Provider Directory given.
- Client Registration
- Client Update

Date: \_\_\_\_\_ Client name: \_\_\_\_\_  
(Last, First, Middle)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ **Legal Sex:**  Male  Female  Nonbinary  Unknown

**CONTACT INFORMATION:** Is this address:  Permanent  Temporary  Confidential

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_ Text message okay?  Yes  No

Alternate Phone #: \_\_\_\_\_ **Number Type:**  Home  Work  Mobile  Confidential Minor #  Other Phone

Email Address: \_\_\_\_\_ Check here if no email address:

Preferred Spoken Language: \_\_\_\_\_ Need interpreter?  Yes  No

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

**Race:**

Alaskan Native  American Indian  Guamanian/Chamorro  Samoan  Unknown  Decline to State

Other Race: \_\_\_\_\_

**Native Hawaiian/Other Pacific Islander**

Polynesian  Micronesian  Melanesian  Native Hawaiian  Other Pacific Islander: \_\_\_\_\_

**Asian**

Asian Indian  Bangladeshi  Bhutanese  Burmese  Cambodian  Chinese  
 Taiwanese  Filipino  Indonesian  Japanese  Korean  Laotian  
 Pakistani  Hmong  Malaysian  Iwo Jiman  Maldivian  Nepalese  
 Okinawan  Singaporean  Sri Lankan  Thai  Vietnamese

Other Asian: \_\_\_\_\_

**Black/African American**

African American  African  Bahamian  Barbadian  Black  Dominica Islander  
 Dominican  Haitian  Jamaican  Tobagoan  Trinidadian  Madagascar  
 West Indian

**White**

White/Other Caucasian  European  Arab  Middle Eastern or North African

Client Name \_\_\_\_\_

**Ethnicity:**

- Decline to State     Unknown     Not Hispanic/Latino     Cuban     Dominican     Puerto Rican  
 Latin American  
 Other: \_\_\_\_\_

**South American**

- South American     Argentinean     Bolivian     Chilean     Colombian     Ecuadorian  
 Paraguayan     Peruvian     Uruguayan     Venezuelan     South American Indian     Criollo

**Spaniard**

- Spaniard     Andalusian     Asturian     Castillian     Catalonian     Belearic Islander  
 Gallego     Valencian     Canarian     Spanish Basque

**Central American**

- Central American     Costa Rican     Guatemalan     Honduran     Nicaraguan     Panamanian  
 Salvadorian     Canal Zone     Central American Indian

**Mexican**

- Mexican American     Mexicano/Mexican     Chicano     La Raza     Mexican American Indian

Congregate care?  Yes  No    Healthcare employee?  Yes  No

Congregate Care Facility Name: \_\_\_\_\_

Preferred Written Language: \_\_\_\_\_    Parents' Language: \_\_\_\_\_  
**(Age 0-17 only)**

Birth Country: \_\_\_\_\_    Birth State: \_\_\_\_\_    Birth County: \_\_\_\_\_

**Education:**

- HS Degree (Diploma)     GED     Kindergarten     Grade \_\_\_\_\_  
 Vocational Training     Postsecondary Education Program     None     Unknown/Not Reported

**College**

- Freshman     Sophomore     Junior     Senior

Postgraduate, Year:  1     2     3     4

**Degree**

- Bachelors     Masters     Doctorate

**Guarantor:**

Guarantor Name: \_\_\_\_\_    Relationship to Client: \_\_\_\_\_  
**(Last, First, Middle)**

Date of Birth: \_\_\_\_\_    Legal Sex:  Male     Female     Nonbinary     Unknown

Street Address: \_\_\_\_\_

City: \_\_\_\_\_    State \_\_\_\_\_    Zip: \_\_\_\_\_    Phone #: \_\_\_\_\_

Client Name \_\_\_\_\_

**Coverage Information:**

Insurance Name: \_\_\_\_\_

Member ID: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_  
*(Last, First, Middle)*

Relationship to Client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Legal Sex:  Male  Female  Nonbinary  Unknown

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_  
*(Last, First, Middle)*

Relationship to Client: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Phone Type:  Home  Work  Mobile

Preferred Language: \_\_\_\_\_

Need interpreter?  Yes  No

**Employer Information:**

Employment Status:  Full time  Part time  Not Employed  
 Retired  Self Employed  On Active Military Duty  
 Student-Full Time  Student-Part Time  Unknown

Employer Name (if applicable): \_\_\_\_\_

**COUNTY USE ONLY:**

MRN: \_\_\_\_\_ Facility: \_\_\_\_\_