

INFORMATION

1. Social Security Number										
			-			-				

2. Date of Birth							

3. Last Name																	

4. First Name																	

5. MI	

6. Street Address																							

7. City																	

8. State	

9. Zip Code				

10. Phone Number																					
()			-						

11. County of Residence		

12. Home County		

13. Medicaid ID Number										

14. Sex	
1.	Male
2.	Female

15. Race	
1.	White
2.	African American
3.	Native American
4.	Asian/Pacific Islander
5.	Hispanic
6.	Other

16. Residential Status	
1.	Living alone
2.	Living with 2 or less persons with MR/DD
3.	Living with 3 to 7 other persons with MR/DD
4.	Living with 8 or more persons with MR/DD
5.	Living with relatives
6.	Living with non-relatives who are not MR/DD
7.	Other

17. Day Programs (may mark up to 3)	
1.	Attends school In a classroom 50% or more of the day with people who are not MR/DD
2.	Attends school in a classroom , less than 50% of the day, with people who are not MR/DD
3.	Generic community activities less than 20 hours per week
4.	Generic community activities 20 or more hours per week
5.	Work environment designed for persons with MR/DD less than 20 hours per week
6.	Work environment designed for persons with MR/DD 20 or more hours per week
7.	Competitive employment less than 20 hours per week
8.	Competitive employment 20 or more hours per week
9.	Agency based non-work activities less than 20 hours per week
10.	Agency based non-work activities 20 or more hours per week
11.	Other

18. Identified Disabilities		
Y	N	1. Mental Retardation
Y	N	2. Autism
Y	N	3. Cerebral Palsy
Y	N	4. Epilepsy/Seizure Disorder
		5. Other (Description):

Enter the number of the one developmental disability from number 18 which best applies

19. Primary Disability	

20. Special Population (may mark up to 3)	
1.	CIP
2.	Child in Custody
3.	Self-Directed Care
4.	Self-Determination
5.	Special Care Rate
6.	ICF/MR Closure
7.	Placed from SMHH

(DSM-IV Code)

21. Psychiatric Diagnosis	
1.	
2.	
3.	