



NEVADA COUNTY – HUMAN SERVICES AGENCY, BEHAVIORAL HEALTH DEPARTMENT CLIENT ASSIGNMENT FORM

Client Name:						Client Number:					
Opening a Treatment Session				Date Opened:		Treatment Session Type: 1 – Nevada County Behavioral Health					
Close a Treatment Session (discharge from all services)				Date Closed		Discharge Reason:			Completed By:		
<input type="checkbox"/> Transition of Care Assessment has been completed in Anasazi						<input type="checkbox"/> Transition of Care Assessment print out was given to new Agency or Client					

Complete this section when OPENING AN ASSIGNMENT	<input type="checkbox"/> Transition FROM another Agency
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Effective Date	Completed By	Form Type*	Unit**	Sub Unit**	Server ID	Server Update (Y/N)	Date Closed	Close Reason	Transfer Unit	Transfer Subunit	New Server ID
		A									

Complete this section when CHANGING A SERVER ASSIGNMENT
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Effective Date	Completed By	Form Type*	Unit	Sub Unit	Server ID	Server Update (Y/N)	Date Closed	Close Reason	Transfer Unit	Transfer Subunit	New Server ID
		U				Y					

Complete this section when TRANSFERRING AN ASSIGNMENT
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Effective Date	Completed By	Form Type*	Unit	Sub Unit	Server ID	Server Update (Y/N)	Date Closed	Close Reason	Transfer Unit**	Transfer Subunit**	New Server ID
		C									

Complete this section when CLOSING AN ASSIGNMENT

Effective Date	Completed By	Form Type*	Unit	Sub Unit	Server ID	Server Update (Y/N)	Date Closed	Close Reason	Transfer Unit	Transfer Subunit	New Server ID
		C									

Complete this section for 24 HOUR FACILITIES ONLY
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Effective Date	Completed By	Form Type*	Unit	Sub Unit	Server ID	Server Update (Y/N)	Effective Date of New Server	Date Closed	Close Reason	Transfer Unit/Sub unit	New Server ID	24 Hour Only			
												Legal Class at Admission	Admission Criteria	Legal Class at Discharge	

3rd Party Pay Sources: Circle all that apply & indicate date – Must Also Complete 3rd Party Pink Form 6002 – SB163 State Funding Effective/ End Date: _____ 6003 – First Five Grant Effective/ End Date: _____	Client Categories: Circle all that apply and indicate date-- 100- Mental Health Court Effective/ End Date: _____ 205 – Family Preservation Effective/ End Date: _____ 300 – Drug Ed Trust Effective/ End Date: _____ 305 – YES Court Effective/ End Date: _____ 320 – Prop 36/SACPA Effective/ End Date: _____ 400- MHSA CSS Effective/ End Date: _____	405 – MHSA PEI Effective/ End Date: _____ 410 – MHSA INN Effective/ End Date: _____ 415 – Shelter + Care Effective/ End Date: _____ 420 – SHP Effective/ End Date: _____ 425 - Home Anew Effective/ End Date: _____ 500 – AB109 Effective/ End Date: _____ 700 – MIOCR Youth Effective/ End Date: _____
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