



# NEVADA COUNTY – HUMAN SERVICES AGENCY BEHAVIORAL HEALTH DEPARTMENT REGISTRATION INFORMATION

Formas en español y otra información está disponible.  
Por favor, pregunte al recepcionista si los necesita. (\* fields are required)

Medi-Cal/Medicare Eligible? \_\_\_\_\_  
County Code \_\_\_\_\_  
SOC \_\_\_\_\_  
MCP Name: \_\_\_\_\_

|   |  |  |   |
|---|--|--|---|
| INDEX CARD  | <b>*Sort Name:</b>                           |  |   |
|   | <b>*Last,</b>                                | <b>*First</b>  | <b>Middle</b>   |
|   | <b>Legal Name (if different from above):</b> |  |   |
|   | <b>*Last Name:</b>                           | <b>*First Name:</b>  |   |
|   | Middle:                                      | Suffix:  |   |
| <b>*DOB:</b>  | <b>Soc Sec #:</b>                            |  |   |
| <b>*Effective Date:</b>   |  | <b>*Admission Status:</b> <input type="radio"/> Pre-Register <input type="radio"/> Admit   |   |
| <b>*(6)Referral Source: Circle One</b>  |  | <b>Referral Phone:</b>   |   |
| (1) Self  | (20) Acute Day Treatment                     | (42) Convalescent Hospital   |   |
| (2) Family  | (21) Habilitative Day Treatment              | (43) Dept of Social Services   |   |
| (3) Friends   | (30) Emergency Psychiatric                   | (44) Criminal Justice  |   |
| (4) Employer  | (31) Suicide & Crisis                        | (45) Drug Abuse Program  |   |
| (5) Other   | (32) Outpatient Clinic                       | (46) Alcohol Abuse Program   |   |
| (6) County Resident   | (33) Private MH Practice                     | (47) School / College  |   |
| (10) State Hospital (MH)  | (37) Case Management                         | (48) Vocational Rehab Program  |   |
| (11) State Hospital (DD)  | (38) Homeless Program                        | (49) Veterans Administration   |   |
| (12) Other Psych Hospital   | (40) Medical Inpatient                       | (50) Clergy or Religious Org.  |   |
| (13) Psych SNF  | (41) Medical Outpatient                      | (51) Other Human Service   |   |
| (17) Jail   |  |  |   |
| <b>AB1299 (if applicable) County of Origin:</b>   |  |  |   |
| <b>Birth Name (if different from above):</b>  |  |  |   |
| Last Name:  |  | First Name:  |   |
| Middle:   |  | Suffix:  |   |
| <b>*Physical Address:</b>   |  |  | <b>Apt. #:</b>  |
| <b>*City</b>  | <b>State</b>                                 | <b>Zip</b> _____ - _____   | <b>*(21)County:</b>   |
| <b>District of Residence: (AB3632 only)</b>   |  |  |   |
| <b>Primary Phone:</b>   |  | <b>Automated Text OK?</b> <input type="radio"/> Yes <input type="radio"/> No   | <b>Work Phone:</b>  |
| <b>Secondary Phone:</b>   |  | <b>Automated Text OK?</b> <input type="radio"/> Yes <input type="radio"/> No   |   |
| <b>Email address:</b>   |  | <b>Automated Email OK?</b> <input type="radio"/> Yes <input type="radio"/> No  |   |
| <b>*Mailing Address:</b>  |  |  | <b>Apt. #:</b>  |
| <b>*City</b>  | <b>State</b>                                 | <b>Zip</b> _____ - _____   |   |
| <b>*Driver's License:</b> <input type="radio"/> Yes <input type="radio"/> No  |  | <b>State:</b>  | <b>DL No:</b>   |
| <b>Social Security #:</b> <small>(if SSN not entered above)</small>   |  | <b>(8)Reason SSN Not Provided:</b> <small>(*If SSN blank)</small><br>99900 – Client Declines to State    99902 – None/Not Applicable/Unknown |   |
| <b>*(7)Gender Identity: Circle all that apply</b> <input type="radio"/> Other _____<br>(F) Female (G) Transgender F to M (M) Male (N) Transgender M to F (I) Intersex<br>(Q) Genderqueer (B) Non-binary (D) Declined to Answer (U) Unknown/Not Reported |  |  | <b>*Is DOB:</b><br><input type="radio"/> Actual? <input type="radio"/> Estimated? |
| <b>(37) Pronouns:</b> (S) She/Her/Hers (H) He/Him/His (T) They/Them/Theirs<br>(Z) Ze/Zir/Zirs (X) Xe/Xem/Xyr (I) Ze/Hir/Hirs (P) Per/Per/Pers (O) Other:  |  |  | <b>*Born in US:</b> <input type="radio"/> Yes <input type="radio"/> No            |
| <b>*(38) Sex Assigned at Birth:</b> (F) Female (M) Male (I) Intersex (D) Decline  |  |  | <b>*Born in California:</b> <input type="radio"/> Yes <input type="radio"/> No    |
| <b>Place of Birth:</b>  | <b>*(21)County:</b>                          | <b>*(22)State:</b>   | <b>(23)*Country:</b>  |

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

Client #: \_\_\_\_\_



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| Medi-Cal/Medicare Eligible? _____ |
| County Code _____                 |
| SOC _____                         |
| MCP Name: _____                   |

|  |  |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
|--|--|--|----------------------------|-------------------------------------|--|--|---|--|---|----------------------------|------------------------------|----------------------------|--------------------------|----------------------------------|--------------------------|----------------------------|-----------------------------|--------------|----------------------------------|----------------------------|--------------|----------------------------------|---|----------------|-----------------------|----------|-------------|---|-------------|--|----------------|--|
| <b>*Mother's First Name:</b> _____   |  |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| <b>*(9)Marital Status: Circle One</b><br>(A) Annulled (C) Divorced (M) Married (N) Never Married (P) Domestic Partner (S) Separated (W) Widowed (U) Unknown  |  |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| <b>*(10)Ethnicity: Circle One</b><br>(1) Not Hispanic (2) Mexican American/Chicano (3) Cuban (4) Puerto Rican (5) Other Hispanic / Latino (6) South American (7) Caribbean (8) Central American (9) Unknown/Not Reported   |  |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| <b>*(11)Race: Circle All that Apply</b><br><table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">(A) Asian – Other</td> <td style="width: 25%;">(G) Guamanian</td> <td style="width: 25%;">(M) Mien</td> <td style="width: 25%;">(S) Samoan</td> </tr> <tr> <td>(B) Black / African American</td> <td>(H) Hawaiian Native</td> <td>(N) Native American</td> <td>(U) Unknown / Not Reported</td> </tr> <tr> <td>(C) Cambodian</td> <td>(I) Asian Indian</td> <td>(O) Non-White – Other</td> <td>(V) Vietnamese</td> </tr> <tr> <td>(D) Chinese</td> <td>(J) Japanese</td> <td>(P) Other Pacific Native</td> <td>(W) White</td> </tr> <tr> <td>(E) Eskimo / Alaskan Native</td> <td>(K) Korean</td> <td>(Q) Hmong</td> <td>(Z) Declined to Answer</td> </tr> <tr> <td>(F) Filipino</td> <td>(L) Laotian</td> <td>(R) Multiple</td> <td></td> </tr> </table>  | (A) Asian – Other                            | (G) Guamanian  | (M) Mien                   | (S) Samoan                          | (B) Black / African American           | (H) Hawaiian Native  | (N) Native American                     | (U) Unknown / Not Reported                   | (C) Cambodian                           | (I) Asian Indian           | (O) Non-White – Other        | (V) Vietnamese             | (D) Chinese              | (J) Japanese                     | (P) Other Pacific Native | (W) White                  | (E) Eskimo / Alaskan Native | (K) Korean   | (Q) Hmong                        | (Z) Declined to Answer     | (F) Filipino | (L) Laotian                      | (R) Multiple                                |                |                       |          |             |   |             |  |                |  |
| (A) Asian – Other  | (G) Guamanian                                | (M) Mien   | (S) Samoan                 |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (B) Black / African American   | (H) Hawaiian Native                          | (N) Native American  | (U) Unknown / Not Reported |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (C) Cambodian  | (I) Asian Indian                             | (O) Non-White – Other  | (V) Vietnamese             |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (D) Chinese  | (J) Japanese                                 | (P) Other Pacific Native   | (W) White                  |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (E) Eskimo / Alaskan Native  | (K) Korean                                   | (Q) Hmong  | (Z) Declined to Answer     |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (F) Filipino   | (L) Laotian                                  | (R) Multiple   |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| <b>*(12)Primary Language: Circle One</b><br><table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">(0) American Sign Language (ASL)</td> <td style="width: 25%;">(A) Other Sign Language</td> <td style="width: 25%;">(H) Hmong</td> <td style="width: 25%;">(Q) Italian</td> </tr> <tr> <td>(1) Spanish</td> <td>(B) Mandarin</td> <td>(I) Lao</td> <td>(R) Arabic</td> </tr> <tr> <td>(2) Cantonese</td> <td>(C) Other Chinese Dialects</td> <td>(J) Turkish</td> <td>(S) Samoan</td> </tr> <tr> <td>(3) Japanese</td> <td>(D) Cambodian</td> <td>(K) Hebrew</td> <td>(T) Thai</td> </tr> <tr> <td>(4) Korean</td> <td>(E) Armenian</td> <td>(L) French</td> <td>(U) Farsi</td> </tr> <tr> <td>(5) Tagalog</td> <td>(F) Ilocano</td> <td>(M) Polish</td> <td>(V) Vietnamese</td> </tr> <tr> <td>(6) Other non-English</td> <td>(G) Mien</td> <td>(N) Russian</td> <td>(9) Unknown / Not Reported</td> </tr> <tr> <td>(7) English</td> <td></td> <td>(P) Portuguese</td> <td></td> </tr> </table>  | (0) American Sign Language (ASL)             | (A) Other Sign Language  | (H) Hmong                  | (Q) Italian                         | (1) Spanish                            | (B) Mandarin   | (I) Lao                                 | (R) Arabic                                   | (2) Cantonese                           | (C) Other Chinese Dialects | (J) Turkish                  | (S) Samoan                 | (3) Japanese             | (D) Cambodian                    | (K) Hebrew               | (T) Thai                   | (4) Korean                  | (E) Armenian | (L) French                       | (U) Farsi                  | (5) Tagalog  | (F) Ilocano                      | (M) Polish                                  | (V) Vietnamese | (6) Other non-English | (G) Mien | (N) Russian | (9) Unknown / Not Reported                              | (7) English |  | (P) Portuguese |  |
| (0) American Sign Language (ASL)   | (A) Other Sign Language                      | (H) Hmong  | (Q) Italian                |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (1) Spanish  | (B) Mandarin                                 | (I) Lao  | (R) Arabic                 |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (2) Cantonese  | (C) Other Chinese Dialects                   | (J) Turkish  | (S) Samoan                 |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (3) Japanese   | (D) Cambodian                                | (K) Hebrew   | (T) Thai                   |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (4) Korean   | (E) Armenian                                 | (L) French   | (U) Farsi                  |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (5) Tagalog  | (F) Ilocano                                  | (M) Polish   | (V) Vietnamese             |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (6) Other non-English  | (G) Mien                                     | (N) Russian  | (9) Unknown / Not Reported |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (7) English  |  | (P) Portuguese   |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| <b>*(13)Communication Method: Circle One</b><br>(C) Communication Device (T) Translator – Spanish (V) Verbal<br>(S) Sign Language (X) Translator – Other   |  |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| <b>*(12)Language Preferred (Individual): Indicate Code (from prim lang above) _____</b>  |  |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| <b>(12)Language Preferred (Caretaker): Indicate Code (from prim lang above) _____</b>  |  |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| <b>*Interpreter Needed?: <input type="radio"/> Yes <input type="radio"/> No</b>  |  |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| <b>*(14)Employment Status: Circle One</b><br><table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">(1) Comp Job 35+ hours/week</td> <td style="width: 33%;">(7) Rehab &lt; 20 hours/week</td> <td style="width: 33%;">(F) Not in labor Force</td> </tr> <tr> <td>(2) Comp Job &lt;20 hours/week</td> <td>(8) Full Time Student</td> <td>(H) Resident / Inmate</td> </tr> <tr> <td>(3) Comp Job 20–35 hours/week</td> <td>(B) Volunteer</td> <td>(K) Other</td> </tr> <tr> <td>(4) Homemaker</td> <td>(C) Unemployed, seeking work</td> <td>(U) Unknown / Not Reported</td> </tr> <tr> <td>(5) Rehab 35+ hours/week</td> <td>(D) Unemployed, not seeking work</td> <td></td> </tr> <tr> <td>(6) Rehab 20–35 hours/week</td> <td>(E) Retired</td> <td></td> </tr> </table>   | (1) Comp Job 35+ hours/week                  | (7) Rehab < 20 hours/week  | (F) Not in labor Force     | (2) Comp Job <20 hours/week         | (8) Full Time Student                  | (H) Resident / Inmate  | (3) Comp Job 20–35 hours/week           | (B) Volunteer                                | (K) Other                               | (4) Homemaker              | (C) Unemployed, seeking work | (U) Unknown / Not Reported | (5) Rehab 35+ hours/week | (D) Unemployed, not seeking work |                          | (6) Rehab 20–35 hours/week | (E) Retired                 |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (1) Comp Job 35+ hours/week  | (7) Rehab < 20 hours/week                    | (F) Not in labor Force   |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (2) Comp Job <20 hours/week  | (8) Full Time Student                        | (H) Resident / Inmate  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (3) Comp Job 20–35 hours/week  | (B) Volunteer                                | (K) Other  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (4) Homemaker  | (C) Unemployed, seeking work                 | (U) Unknown / Not Reported   |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (5) Rehab 35+ hours/week   | (D) Unemployed, not seeking work             |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (6) Rehab 20–35 hours/week   | (E) Retired                                  |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| <b>*(15)Living Arrangement: Circle One</b><br><table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">(A) House or Apartment</td> <td style="width: 33%;">(K) MH Rehab Center (24 HR)</td> <td style="width: 33%;"><b>Homeless:</b></td> </tr> <tr> <td>(B) House or Apartment with Support</td> <td>(L) SNF/Intermediate Care Facility/IMD</td> <td>(P1) Lives on the Street or Emergency Shelter (Camp, Car/RV, Hotel/Motel, Couch Surfing (No Permanent Residence)</td> </tr> <tr> <td>(C) House or Apartment with Supervision</td> <td>(M) Inpatient Psych Hospital/PHF/VA Hospital</td> <td>(P2) Will Lose Residence within 14 days</td> </tr> <tr> <td>(D) Supported Housing</td> <td>(N) State Hospital</td> <td></td> </tr> <tr> <td>(E) Foster Family Home</td> <td>(O) Justice Related</td> <td></td> </tr> <tr> <td>(F) Group Home</td> <td>(Q) Other</td> <td></td> </tr> <tr> <td>(G) Residential Treatment Center</td> <td>(U) Unknown / Not Reported</td> <td></td> </tr> <tr> <td>(H) Community Treatment Facility</td> <td>(Z) Recovery Residence/Transitional Housing</td> <td></td> </tr> <tr> <td>(I) Board and Care</td> <td></td> <td></td> </tr> <tr> <td>(J) Adult Residential Facility/Drug or Alcohol Facility</td> <td></td> <td></td> </tr> </table> | (A) House or Apartment                       | (K) MH Rehab Center (24 HR)  | <b>Homeless:</b>           | (B) House or Apartment with Support | (L) SNF/Intermediate Care Facility/IMD | (P1) Lives on the Street or Emergency Shelter (Camp, Car/RV, Hotel/Motel, Couch Surfing (No Permanent Residence) | (C) House or Apartment with Supervision | (M) Inpatient Psych Hospital/PHF/VA Hospital | (P2) Will Lose Residence within 14 days | (D) Supported Housing      | (N) State Hospital           |                            | (E) Foster Family Home   | (O) Justice Related              |                          | (F) Group Home             | (Q) Other                   |              | (G) Residential Treatment Center | (U) Unknown / Not Reported |              | (H) Community Treatment Facility | (Z) Recovery Residence/Transitional Housing |                | (I) Board and Care    |          |             | (J) Adult Residential Facility/Drug or Alcohol Facility |             |  |                |  |
| (A) House or Apartment   | (K) MH Rehab Center (24 HR)                  | <b>Homeless:</b>   |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (B) House or Apartment with Support  | (L) SNF/Intermediate Care Facility/IMD       | (P1) Lives on the Street or Emergency Shelter (Camp, Car/RV, Hotel/Motel, Couch Surfing (No Permanent Residence) |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (C) House or Apartment with Supervision  | (M) Inpatient Psych Hospital/PHF/VA Hospital | (P2) Will Lose Residence within 14 days  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (D) Supported Housing  | (N) State Hospital                           |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (E) Foster Family Home   | (O) Justice Related                          |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (F) Group Home   | (Q) Other                                    |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (G) Residential Treatment Center   | (U) Unknown / Not Reported                   |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (H) Community Treatment Facility   | (Z) Recovery Residence/Transitional Housing  |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (I) Board and Care   |  |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| (J) Adult Residential Facility/Drug or Alcohol Facility  |  |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| <b>(16a) *Have you been arrested, in jail, or in juvenile hall in the last 60 days? <input type="radio"/> Yes <input type="radio"/> No</b>   |  |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |
| <b>(16b) *Are you currently on probation or parole? <input type="radio"/> Yes <input type="radio"/> No</b>   |  |  |                            |                                     |  |  |   |  |   |                            |                              |                            |                          |                                  |                          |                            |                             |              |                                  |                            |              |                                  |   |                |                       |          |             |   |             |  |                |  |

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

Client #: \_\_\_\_\_



# NEVADA COUNTY – HUMAN SERVICES AGENCY BEHAVIORAL HEALTH DEPARTMENT REGISTRATION INFORMATION

Formas en español y otra información está disponible.  
Por favor, pregunte al recepcionista si los necesita. (\* fields are required)

Medi-Cal/Medicare Eligible? \_\_\_\_\_  
County Code \_\_\_\_\_  
SOC \_\_\_\_\_  
MCP Name: \_\_\_\_\_

**\*Number of Children under age 18 the client cares for/responsible for 50% or more of the time?:**

**\*Number of Dependents age 18 or older the client cares for/responsible for 50% or more of the time?:**

**\*(16) Education (highest grade completed) : Circle**      Special Education:  Yes  No

- |                           |                             |                       |                              |
|---------------------------|-----------------------------|-----------------------|------------------------------|
| (1) 1 <sup>st</sup> grade | (7) 7 <sup>th</sup> grade   | (13) College < 2yrs   | (93) Declined to State       |
| (2) 2 <sup>nd</sup> grade | (8) 8 <sup>th</sup> grade   | (14) Associate Degree | (95) High School Grade / GED |
| (3) 3 <sup>rd</sup> grade | (9) 9 <sup>th</sup> grade   | (15) College > 2yrs   | (96) Kindergarten            |
| (4) 4 <sup>th</sup> grade | (10) 10 <sup>th</sup> grade | (16) Bachelors Degree | (97) Pre-School              |
| (5) 5 <sup>th</sup> grade | (11) 11 <sup>th</sup> grade | (17) Masters Degree   | (98) Vocational / Other      |
| (6) 6 <sup>th</sup> grade | (12) 12 <sup>th</sup> grade | (18) Doctorate        | (99) Unknown / Not Reported  |

**\*(18) Disability: Circle All That Apply**

- |                                  |                              |   |
|----------------------------------|------------------------------|---|
| (1) Deafness/Severe Hearing Loss | (4) Unable to Talk           | (8) Other (not Alcohol or Drug Related) |
| (2) Blindness/Severe Vision Loss | (6) Mental Health            | (9) Client Declined to State            |
| (3) Unable/Limited Walking       | (7) Developmentally Disabled | (11) None                               |

**\*Have you served in the U.S. military?**  Yes  No  Decline

**\*Were you in the National Guard or a Reserve?**  Yes  No

If you were in the National Guard or a Reserve, were you called into active duty?  Yes  No

**\*Current smoking status?**

**Please only choose one selection:**

**Starting Year of Current Smoking Status**  
\_\_\_\_\_

- |  |   |
|--|---|
| 1 <input type="radio"/> Current every day smoker       | 2 <input type="radio"/> Current some day smoker |
| 3 <input type="radio"/> Former smoker                  | 7 <input type="radio"/> Heavy tobacco smoker    |
| 8 <input type="radio"/> Light tobacco smoker           | 4 <input type="radio"/> Never smoker            |
| 5 <input type="radio"/> Smoker, current status unknown | 6 <input type="radio"/> Unknown if ever smoked  |

**Alias(es)/Maiden Name**

|  |            |        |         |
|--|------------|--------|---------|
|  | Last Name: | First: | Middle: |
|  | Last Name: | First: | Middle: |
|  | Last Name: | First: | Middle: |
|  | Last Name: | First: | Middle: |

**EMERGENCY NOTIFICATION INFORMATION**

|                   |                                      |
|-------------------|--------------------------------------|
| <b>Name:</b>      | <b>(17) Relationship:</b> See page 4 |
| Address:          | Phone:                               |
| City/State/Zip:   | Work Phone:                          |
| Employment Place: |                                      |

**LEGAL INFORMATION**

|   |   |
|---|---|
| <b>*(24) Legal Consent (for Conservatees or Ward of Court only):</b> See page 4 |   |
| <b>**Responsible Person (Parent, Conservator, etc.):</b>                        | <b>** (17) Relationship:</b> See page 4 |
| *Address:   | Phone:                                  |
| *City/State/Zip:  |   |
| Employment Phone:   | Employment Place:                       |
| Responsible Party SSN:  |   |

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

Client #: \_\_\_\_\_



# NEVADA COUNTY – HUMAN SERVICES AGENCY BEHAVIORAL HEALTH DEPARTMENT REGISTRATION INFORMATION

Formas en español y otra información está disponible.  
Por favor, pregunte al recepcionista si los necesita. (\* fields are required)

|                                   |
|-----------------------------------|
| Medi-Cal/Medicare Eligible? _____ |
| County Code _____                 |
| SOC _____                         |
| MCP Name: _____                   |

|                                    |        |      |
|------------------------------------|--------|------|
| <b>MEDICAL INFORMATION</b>         |        |      |
| Personal (Primary Care) Physician: | Phone: | FAX: |
| Address:                           |        |      |
| City/State/Zip:                    |        |      |
| Pharmacy:                          | Phone: | FAX: |
| Hospital Preference:               |        |      |

|  |  |
|--|--|
| <b>ADVANCE DIRECTIVE INFORMATION:</b>  |  |
| *Advance Directive Given? <input type="radio"/> Yes <input type="radio"/> No   |  |
| *Do you have an Advance Directive? <input type="radio"/> Yes <input type="radio"/> No  |  |
| If Yes, have you provided Nevada County Behavioral Health with a copy of your Advance Directive? <input type="radio"/> Yes <input type="radio"/> No                                  |  |
| Date that Nevada County Behavioral Health received client's Advance Directive: _____   |  |
| *In the event of an emergency, may Nevada County Behavioral Health share your Advance Directive with other health care providers? <input type="radio"/> Yes <input type="radio"/> No |  |

|   |  |
|---|--|
| <b>CLIENT CONTACT INFORMATION</b>   |  |
| *May we leave message on your Primary Phone? <input type="radio"/> Yes <input type="radio"/> No   | Automated Text OK? <input type="radio"/> Yes <input type="radio"/> No  |
| *May we leave message at work? <input type="radio"/> Yes <input type="radio"/> No   |  |
| *May we leave a message on your email? <input type="radio"/> Yes <input type="radio"/> No   | Automated Email OK? <input type="radio"/> Yes <input type="radio"/> No |
| *May we leave message via emergency contact? <input type="radio"/> Yes <input type="radio"/> No   |  |
| *May we leave message on your Secondary Phone? <input type="radio"/> Yes <input type="radio"/> No   |  |
| *May we contact you by mail? <input type="radio"/> Yes <input type="radio"/> No   |  |
| Which contact should be used for receiving confidential information? <input type="radio"/> Client Mailing Contact<br><input type="radio"/> Emergency Notification Contact <input type="radio"/> Physical Contact <input type="radio"/> Responsible Person Contact |  |
| Notice of Privacy Practices Given? <input type="radio"/> Yes <input type="radio"/> No   | Receipt Signed On: _____ (Date)  |
| If we cannot contact you by mail, then what is an alternative address or method of contact to send you clinical information such as letters and billing information?  |  |

|  |             |       |       |  |                           |
|--|-------------|-------|-------|--|---------------------------|
| <b>Signature of Staff Obtaining Information: who filled out the form</b> |             |       |       |  |                           |
|  |             |       |       |  | <input type="radio"/> Yes |
| *Staff ID  | *Staff Name | *Date | *Time |  | <input type="radio"/> No  |
|  |             |       |       |  | <input type="radio"/> N/A |

|   |             |       |       |  |                           |
|---|-------------|-------|-------|--|---------------------------|
| <b>Signature of Staff Entering Information (If Different from Above):</b> |             |       |       |  |                           |
|   |             |       |       |  | <input type="radio"/> Yes |
| *Staff ID   | Staff Name* | *Date | *Time |  | <input type="radio"/> No  |
|   |             |       |       |  | <input type="radio"/> N/A |

*Key: \* = Required Field    \*\* = Required if the 'Legal Status' selection is Adult with Guardian or Minor with Guardian*

|   |                           |             |  |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
|---|---------------------------|-------------|--|--|---|-----------------|---|-----------|---|-------------------|---|---------|---|-------|---|-------------------|---|----------|---|--------|---|--------|---|----------------|---|---------------|---|------|---|-------------|---|----------------------|--|--|---|-------------|--|--|---|------------------|--|--|---|------------------------|--|----|-------------|--|--|---|---------------------------|---|---------|---|------------------------|---|--|---|------------------------|---|------------------------------------|---|---------|---|--|--|--|---|--|--|--|---|----------------|--|--|---|------------------------|--|
| <b>(17) Relationship Types</b><br><table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">ID</td><td style="width: 70%;">Description</td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr><td>A</td><td>Adoptive Parent</td><td>J</td><td>Caretaker</td></tr> <tr><td>B</td><td>Biological Father</td><td>J</td><td>Sibling</td></tr> <tr><td>C</td><td>Child</td><td>M</td><td>Biological Mother</td></tr> <tr><td>D</td><td>Guardian</td><td>N</td><td>Friend</td></tr> <tr><td>E</td><td>Spouse</td><td>O</td><td>Other Relation</td></tr> <tr><td>F</td><td>Foster Parent</td><td>P</td><td>Self</td></tr> <tr><td>G</td><td>Grandparent</td><td>Q</td><td>Legal Representative</td></tr> <tr><td></td><td></td><td>S</td><td>Step Parent</td></tr> <tr><td></td><td></td><td>X</td><td>Domestic Partner</td></tr> <tr><td></td><td></td><td>R</td><td>Unknown / Not Reported</td></tr> </table> | ID                        | Description |  |  | A | Adoptive Parent | J | Caretaker | B | Biological Father | J | Sibling | C | Child | M | Biological Mother | D | Guardian | N | Friend | E | Spouse | O | Other Relation | F | Foster Parent | P | Self | G | Grandparent | Q | Legal Representative |  |  | S | Step Parent |  |  | X | Domestic Partner |  |  | R | Unknown / Not Reported | <b>(24) Legal Consent</b><br>(CSI – Conservatorship/Court Status)<br><table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">ID</td><td style="width: 70%;">Description</td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> <tr><td>A</td><td>Temporary Conservatorship</td><td>E</td><td>PC 2974</td></tr> <tr><td>B</td><td>Lanterman–Petris-Short</td><td>F</td><td>Representative Payee without Conservatorship</td></tr> <tr><td>C</td><td>Murphy Conservatorship</td><td>G</td><td>Juvenile Court, Dependent of Court</td></tr> <tr><td>D</td><td>Probate</td><td>H</td><td>Juvenile Court, Ward – Status Offender</td></tr> <tr><td></td><td></td><td>I</td><td>Juvenile Court, Ward – Juvenile Offender</td></tr> <tr><td></td><td></td><td>J</td><td>Not Applicable</td></tr> <tr><td></td><td></td><td>U</td><td>Unknown / Not Reported</td></tr> </table> | ID | Description |  |  | A | Temporary Conservatorship | E | PC 2974 | B | Lanterman–Petris-Short | F | Representative Payee without Conservatorship | C | Murphy Conservatorship | G | Juvenile Court, Dependent of Court | D | Probate | H | Juvenile Court, Ward – Status Offender |  |  | I | Juvenile Court, Ward – Juvenile Offender |  |  | J | Not Applicable |  |  | U | Unknown / Not Reported |  |
| ID  | Description               |             |  |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
| A   | Adoptive Parent           | J           | Caretaker                                    |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
| B   | Biological Father         | J           | Sibling                                      |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
| C   | Child                     | M           | Biological Mother                            |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
| D   | Guardian                  | N           | Friend                                       |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
| E   | Spouse                    | O           | Other Relation                               |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
| F   | Foster Parent             | P           | Self   |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
| G   | Grandparent               | Q           | Legal Representative                         |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
|   |                           | S           | Step Parent                                  |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
|   |                           | X           | Domestic Partner                             |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
|   |                           | R           | Unknown / Not Reported                       |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
| ID  | Description               |             |  |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
| A   | Temporary Conservatorship | E           | PC 2974                                      |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
| B   | Lanterman–Petris-Short    | F           | Representative Payee without Conservatorship |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
| C   | Murphy Conservatorship    | G           | Juvenile Court, Dependent of Court           |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
| D   | Probate                   | H           | Juvenile Court, Ward – Status Offender       |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
|   |                           | I           | Juvenile Court, Ward – Juvenile Offender     |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
|   |                           | J           | Not Applicable                               |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |
|   |                           | U           | Unknown / Not Reported                       |  |   |                 |   |           |   |                   |   |         |   |       |   |                   |   |          |   |        |   |        |   |                |   |               |   |      |   |             |   |                      |  |  |   |             |  |  |   |                  |  |  |   |                        |  |    |             |  |  |   |                           |   |         |   |                        |   |  |   |                        |   |                                    |   |         |   |  |  |  |   |  |  |  |   |                |  |  |   |                        |  |

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

Client #: \_\_\_\_\_