Client Name (Last, First, Middle):			Case #:	
		nty Systems of Care ORMATION SHEET		
O Assessment/Admission/Re-admission		O Yearly O Dischar	ge O Deceased	
Admission/Admission/I	Page 2			
1. Client's Living Arrangement:		House/Apt., Adult, required Group Home, includes Residential Treatment, Justice related (Juv. Ha Inpatient Psychiatric H Skilled Nursing Facility Adult Residential Fac.,	some support for daily livin uires daily support (C) Levels 1 – 12 for children (F) including Level 13 & 14 for Il, Jail, CYA home, Correction osp., PHF, or VA Hospital (IV/IMD/Intermediate Care Factions) Social Rehab. Facility, Crisial, Drug Facility, Alcohol Factions	children (G) onal Fac.) (O) M) cility (L) s Residential,
Admission/Demographi	cs/Page 2			
2. Education: (Check highest level completed)	None, Kindergarten only (00) ☐ Completed the following grade level 0: ☐ Other – Including Vocational Ed (98) ☐ GED ☐ Unknown/Not Reported (99)	1 through 20:		
3. Employment Status:	•Employed in Competitive Job Market □ Full Time, 35 hrs or more week (A) □ Part-time, less than 35 hrs week (B) •Employed in Non-Competitive Job Mar □ Full Time, 35 hrs or more week (C) □ Part-time, less than 35 hrs week (D) •Not in the paid work force □ Actively looking for work (E) □ Homemaker (F) □ Student (G) □ Retired (I)	rket (i.e., DeWitt Diner, PRIDE) Volunteer (H) Resident/Inmate of Institution Other (K) Unknown (U)	(J)	
CSI/Page 2			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4. Number of <i>Children</i> the client cares for or is responsible for		r at least 50% of the time.	#: 	Unknown
5. Number of Dependent Adults the client cares for or is respon		onsible for at least 50% of the tim	e. #:	Unknown
Admission/CSI/Page 2				
6. Conservatorship, Court Status:	Not Applicable (J) Dependent of Court, W&I 300 (G) Ward of Court, W&I 601 (H) Ward of Court, W&I 602 (I)	☐ Temp. Conservatorship (A) ☐ LPS Conservatorship (B) ☐ Probate Conservatorship (D) ☐ Murphy Conservatorship (C)	☐ PC2974, Penal Code Section 2974 (E) ☐ Representative Payee without Conservatorship (F) ☐ Unknown/Not Reported (U)	
Completed by:		Г	Oate:	
Entered into AVATAR by:		Date:		

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