

Behavioral Health CareConnection®
Tier I (Core+) Data Collection Form

DEMOGRAPHICS

Ethnicity	<input type="checkbox"/> Not of Hispanic Origin	Race	<input type="checkbox"/> American Indian
	<input type="checkbox"/> Puerto Rican		<input type="checkbox"/> Alaska Native
	<input type="checkbox"/> Mexican		<input type="checkbox"/> Asian
	<input type="checkbox"/> Cuban		<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Other Specific Hispanic		<input type="checkbox"/> Native Hawaiian/Pacific Islander
	<input type="checkbox"/> Hispanic--Specific Origin Not Collected		<input type="checkbox"/> White
<input type="checkbox"/> Not Available/Unknown/Not Collected	<input type="checkbox"/> More:	<input type="checkbox"/> Other Race Not Listed Above	

Developmentally Disabled without a a DSM-5 Diagnosis NO YES

Current Level of Education:

Grade Level:	<input type="checkbox"/> 0 Zero Years	<input type="checkbox"/> 11 Eleven Years	Type of School:	<input type="checkbox"/> Alternative School
	<input type="checkbox"/> 1 One Year	<input type="checkbox"/> 12 Twelve Years		<input type="checkbox"/> College (2 or 4 year program)
	<input type="checkbox"/> 2 Two Years	<input type="checkbox"/> 13 Thirteen Years		<input type="checkbox"/> GED Program
	<input type="checkbox"/> 3 Three Years	<input type="checkbox"/> 14 Fourteen Years		<input type="checkbox"/> Graduate School
	<input type="checkbox"/> 4 Four Years	<input type="checkbox"/> 15 Fifteen Years		<input type="checkbox"/> Headstart
	<input type="checkbox"/> 5 Five Years	<input type="checkbox"/> 16 Sixteen Years		<input type="checkbox"/> Homebound
	<input type="checkbox"/> 6 Six Years	<input type="checkbox"/> 17 Seventeen Years		<input type="checkbox"/> Not in School
	<input type="checkbox"/> 7 Seven Years	<input type="checkbox"/> 18 Eighteen Years		<input type="checkbox"/> Post Graduate School
	<input type="checkbox"/> 8 Eight Years	<input type="checkbox"/> 19 Nineteen Years		<input type="checkbox"/> Preschool Program
	<input type="checkbox"/> 9 Nine Years	<input type="checkbox"/> 20 Twenty Years		<input type="checkbox"/> Regular Education
	<input type="checkbox"/> 10 Ten Years	<input type="checkbox"/> 21 > Twenty Years		<input type="checkbox"/> Special Education

Employment Information

Employment Status	<input type="checkbox"/> Supportive Work	<input type="checkbox"/> Not Employed, But Looking
	<input type="checkbox"/> Sheltered Work	<input type="checkbox"/> Volunteer
	<input type="checkbox"/> In Employment Training	<input type="checkbox"/> Competitive Employment--full time
	<input type="checkbox"/> Not In Labor Force--Homemaker	<input type="checkbox"/> Competitive Employment--part time
	<input type="checkbox"/> Not In Labor Force--Student	<input type="checkbox"/> Not In Labor Force--Inmate of Institution
	<input type="checkbox"/> Not In Labor Force--Retired	<input type="checkbox"/> Not In Labor Force--Disabled
	<input type="checkbox"/> Not In Labor Force--Physically Impaired	<input type="checkbox"/> Not In Labor Force--Other
	<input type="checkbox"/> Not Employed, Not Looking	

Current Living Arrangement: Indicate the Member's Current Living Arrangement.

<input type="checkbox"/> Acute Care Psychiatric Facility	<input type="checkbox"/> Other
<input type="checkbox"/> Adoptive Home	<input type="checkbox"/> Own or Rent Non-Subsidized House/Apt
<input type="checkbox"/> Adult Correctional Facility	<input type="checkbox"/> Personal Care Home
<input type="checkbox"/> Adult Drug/Alcohol Rehabilitation Center	<input type="checkbox"/> Private Boarding House
<input type="checkbox"/> Adult Family Care Home	<input type="checkbox"/> Psychiatric Residential TX Facility (<22yrs)
<input type="checkbox"/> Dependent Living (includes Halfway Houses)	<input type="checkbox"/> Regular Foster Home
<input type="checkbox"/> Family Emergency Shelter	<input type="checkbox"/> Residential Group Treatment
<input type="checkbox"/> Home of Biological Parents	<input type="checkbox"/> Rest Home
<input type="checkbox"/> Home of Friend	<input type="checkbox"/> Rooming House - Hotel - YMCA
<input type="checkbox"/> Home of Relative	<input type="checkbox"/> Small Group Board & Care Home (≤ 8)
<input type="checkbox"/> Homeless/Homeless Shelter	<input type="checkbox"/> Specialized Family Care Home
<input type="checkbox"/> ICF-IID Group Home	<input type="checkbox"/> Subsidized Rental House/Apartment
<input type="checkbox"/> Independent Living Group Home	<input type="checkbox"/> Supported Housing - Staff Supported
<input type="checkbox"/> Inpatient Psychiatric Facility	<input type="checkbox"/> Treatment Foster Home
<input type="checkbox"/> Individual Support Setting (ISS)	<input type="checkbox"/> Wilderness Camp
<input type="checkbox"/> Large Group Board & Care Home (>8)	<input type="checkbox"/> Youth Correctional Facility
<input type="checkbox"/> Long-Term Psychiatric Facility	<input type="checkbox"/> Youth Drug/Alcohol Rehabilitation Center
<input type="checkbox"/> Medical Hospital	<input type="checkbox"/> Youth Emergency Shelter
<input type="checkbox"/> Nursing Home	

Months in Current Living Arrangement _____ Risk of Losing Current Living Arrangement: At Risk Currently Out of Home Placement Not at Risk

Legal Information

Member Protective Services _____ Does the Member have a Legal Guardian? _____