



**Santa Cruz County Mental Health & Substance Abuse Services  
Confidential Consumer Information  
Registration Form**

Data Entry  
Initials: \_\_\_\_\_

System of Care: (Check all that apply)  
MH \_\_\_ ADP \_\_\_ MCO \_\_\_

- Consumer Update  
 Initial Registration

Consumer #: \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
Last First Middle

**Birth Name:** \_\_\_\_\_  
Last First Middle

**Alias Name:** \_\_\_\_\_  
Last First Middle

**Birth Date:** \_\_\_/\_\_\_/\_\_\_ **Social Security #:** \_\_\_-\_\_\_-\_\_\_ **Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Consumer Birthplace** \_\_\_\_\_  
First City State Country

**Consumer Address Information:**

**Current Address Type:** Home  Shelter  Homeless  **County of Residence:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Apt City State Zip

**Mailing Address:**  Same As Above

**Address:** \_\_\_\_\_  
Street Apt City State Zip

**Telephone #:** (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) **Type:** Cell  Home  Message  Work

**Gender:** Female  Male  Other  Unknown  **Primary Caregiver: #Of Dependents Under 18:** \_\_\_\_\_ **Over 18:** \_\_\_\_\_

**Legal Court Status:** \_\_\_\_\_

**Marital Status:** Never Married:  Married:  Widowed:  Divorced:  Separated:  Unknown:

**Hispanic Origin:** Not Hispanic:  Mexican/Mexican American:  Cuban:  Puerto Rican:  Other Hispanic/Latino:  Unknown:

<b>RACE:</b> (Check all that apply)	Mexican American: <input type="checkbox"/>	Chinese: <input type="checkbox"/>	Japanese: <input type="checkbox"/>	Korean: <input type="checkbox"/>	Guamanian: <input type="checkbox"/>	Unknown: <input type="checkbox"/>
	White/Caucasian: <input type="checkbox"/>	Vietnamese: <input type="checkbox"/>	Filipino: <input type="checkbox"/>	Samoan: <input type="checkbox"/>	Hmong: <input type="checkbox"/>	
	Black/African American: <input type="checkbox"/>	Laotian: <input type="checkbox"/>	Other Asian: <input type="checkbox"/>	Asian Indian: <input type="checkbox"/>	Mien: <input type="checkbox"/>	
	American Indian: <input type="checkbox"/>	Cambodian: <input type="checkbox"/>	Other Non-White: <input type="checkbox"/>	Hawaiian Native: <input type="checkbox"/>	Other Pacific Islander: <input type="checkbox"/>	

(Please Enter Letter) <b>Primary Language:</b> _____ <b>Family's Preferred Language:</b> _____	A. English B. Spanish C. Chinese Dialect D. Japanese E. Filipino Dialect F. Vietnamese	G. Laotian H. Cambodian I. Sign ASL J. Other K. Cantonese L. Korean	M. Mandarin N. Armenian O. Ilacano P. Mien Q. Hmong R. Turkish	S. Hebrew T. French U. Polish V. Russian W. Portuguese X. Italian	Y. Arabic Z. Samoan 1. Thai 2. Farsi 3. Other Sign 4. Other Chinese	9. Unknown
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(Please Enter Code) <b>Disability Impairment:</b> _____	0-None 1-Visual 2-Hearing 4-Speech 8-Mobility	16-Mental 32-Developmentally Disabled 64-Other Z0-Decline to State Z4-Unable to Answer
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**Consumer Name:** \_\_\_\_\_  
Last First Middle

**Education:** (Enter Highest Grade Completed) \_\_\_\_\_

**School District** \_\_\_\_\_ (Children's Only)

**Parent/Legal Guardian:**

**Relationship:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_  
Last First Middle

**Same As Mailing Address:**

**Address:** \_\_\_\_\_  
Street Apt City State Zip

**Telephone #:** \_\_\_\_\_ **Type:** Home  Work  Cell  Other: \_\_\_\_\_

**Living Situation Code:** \_\_\_\_\_

1- Lives Alone  
2- Lives with Family  
3- Lives with Relatives – (2)  
4- Lives with Others  
5- Foster Family  
6- Single Room  
7- Group Quarters  
8- Group Home  
9- CRTS Long-Term/Temp  
10- Satellite Housing  
11- Hosp Alt, <= 6 beds  
12- Hosp Alt, => 7 Beds  
13- House or Apartment – (3)

14- House or apt w/supp  
15- House or apt  
w/supervision  
16- Supported Housing  
20- Small Board & Care  
21- Large Board & Care  
22- Residential Tx Center  
23- Community Tx Facility  
24- Adult Res/Social Reh  
31- State Hospital  
32- VA Hospital  
33- SNF/ICF-Psych Reason

34- SNF/ICF/Nursing Home  
35- General Hospital  
36- Mental Health Rehab  
37- PHF/Inpatient Psych  
40- Drug Abuse Facility  
41- Alcohol Abuse Facility  
42- Justice Related  
50- Temp Arrangement  
51- Homeless no Res – (1)  
52- Homeless in Transit  
98- Other  
99- Unknown

**Employment Status Code:** \_\_\_\_\_

01- Competitive job market, 35 hrs or more per wk – (4)  
02- Competitive Job Market less than 20 hrs per wk –(3)  
03- Competitive Job Market, 20 to 35 Hrs or more per wk  
04- Full-Time homemaking responsibility  
05- Rehabilitative work, 35 Hrs or more per wk  
06- Rehabilitative work, less than 20 Hrs per wk  
07- Rehabilitative work, 20 to 35 Hrs per wk  
08- School, Full-Time

09- Job Training, Full-Time  
10- Part-Time School/Job Training  
11- Volunteer Work  
12- Unemployed, actively seeking work – (2)  
13- Unemployed, Not actively seeking Work – (1)  
14- Retired  
15- Not in the Labor Force – (5)

16- Unknown  
17- Resident/Inmate  
18- Disabled/Unemployed  
19- Employed Student  
20- Part-Time 35 Hrs/less

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_