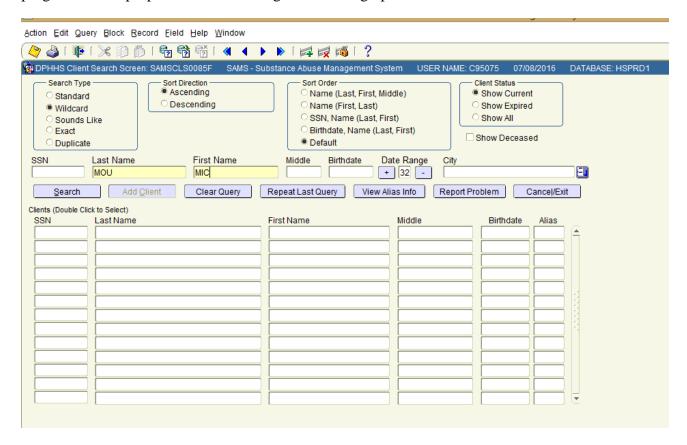# CLIENT INFORMATION SCREEN

GENERAL PROCEDURES

The Client Information Screen is completed for each client admitted or readmitted into a treatment program for the purpose of documenting client demographic data and contact information.

SEARCH INFORMATION

SSN: Enter client Social Security Number in the format *nnn-nn-nnnn*.

BIRTH DATE: Enter two digits for the month, two digits for the day, and four digits for the year of birth. There are eight spaces for the month, day and year. They must all be completed. If the client gives a different birth date each time, use the birth date from the first Admission Report.

> EXAMPLE: Client was born June 9, 1959. Enter *06091959*.

LAST NAME: Enter last name of client.

FIRST NAME: Always use the client's given name. If the client's name is "Robert" use "*Robert*", not "Bob".
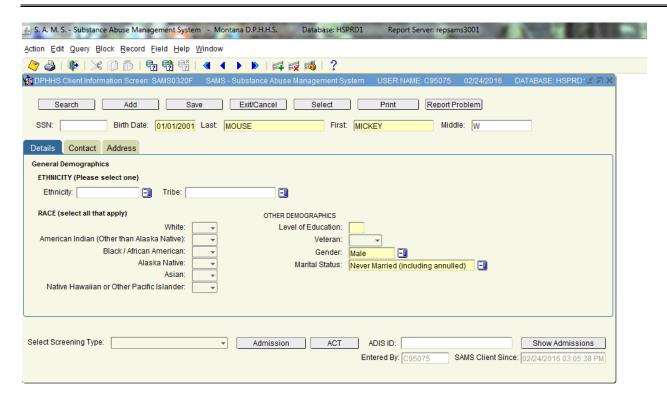
CLIENT INFORMATION SCREEN

MIDDLE NAME: Enter middle name of client, if one is available.

ADIS ID: (This field is now optional). The identifier used to link a client's SAMS data with their old ADIS data. It is an optional field. The formula for assigning an ADIS ID is:

- Characters 1 & 2: Day of birth.
- Characters 3 & 4: First and third letter of client's last name, use maiden name for women.
- Character 5: First letter of first name (given name) or X for duplicate. If the ADIS ID is a duplicate (for example, twins with the same initials), use an X for the fifth character.
- Characters 6 & 7: Month of birth.
- Characters 8 & 9: Last two digits from year of birth.

EXAMPLE: Client – Jane A. Howard (maiden name: Peterson)
Birthdate – June 7, 1958
ADIS ID – *07PTJ0658*

CLIENT INFORMATION-AFTER LOCATING YOUR CLIENT

CLIENT INFORMATION SCREEN

DETAILS – GENERAL DEMOGRAPHICS-FIRST TAB

ETHNICITY: Mark client ethnicity using one of the following values.
- Cuban
- Mexican
- Non-Hispanic
- Puerto Rican
- Other Hispanic

TRIBE: If American Indian is selected as race, mark the tribe using one of the following values.

- Assiniboine
- Blackfeet
- Blood
- Chippewa
- Chippewa Cree
- Crow
- Flathead
- Gros Ventre
- Kootenai
- Little Shell
- Nez Perce
- Northern Cheyenne
- Not Domiciled
- Other
- Piegan
- Salish
- Shoshone
- Tribe Unknown
- Turtle Mountain
- Yankton Tribal Affiliation

RACE: Mark all client race(s) using the following values.
- White
- American Indian (Other than Alaska Native)
- Black/ African American
- Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

OTHER DEMOGRAPHICS

LEVEL OF EDUCATION: This field is to contain the highest academic school level completed by client at the time of Admission.

> EXAMPLES: Completed sixth grade = *6*.
> Completed high school or GED = *12*.
> Completed high school plus one year of college = *13*.
> Completed 4 years of college = *16*.

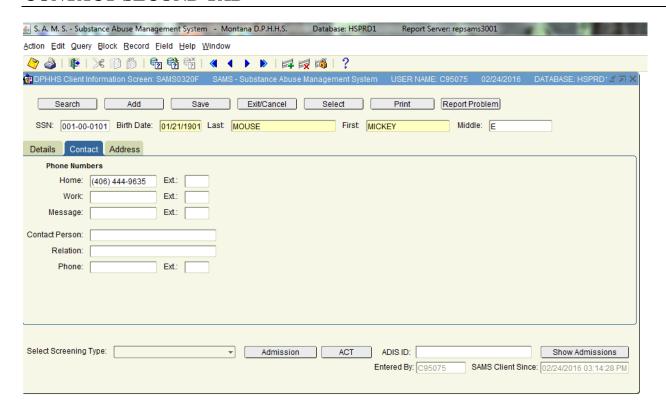VETERAN: Mark either *"Yes"* or *"No"*.

GENDER: Mark either *"Male"* or *"Female"*.

MARITAL STATUS: Mark one using the following values.
- Divorced

- Life Partner
- Married (Including common law)
- Never Married (Including annulled)
- Separated
- Widowed

CONTACT-SECOND TAB

TELEPHONE NUMBERS: These are the three types of telephone numbers we capture in SAMS. They will be used for billing and for follow-up. We are attempting to ensure the ability to conduct follow-ups without breaching HIPPA confidence when we attempt to contact. All telephone numbers include the area code, prefix, and four-digit number. For each number, the system will also capture an extension number if one is available.

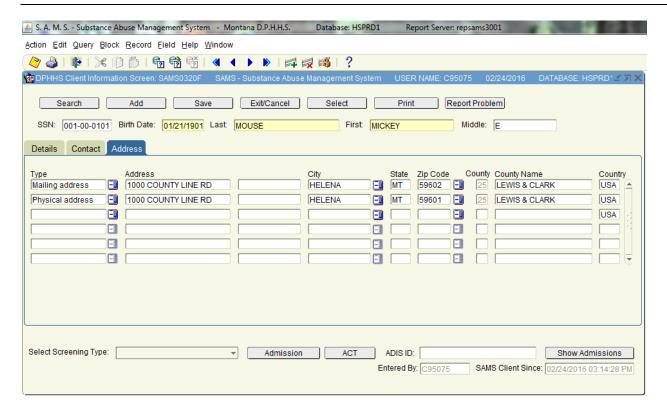Use one of the following two formats (1) *(nnn) nnn-nnnn* or (2) *nnnnnnnnnn.*
- Home
- Work
- Message

CONTACT PERSON: These fields are to be used if the client has a friend or relative who will take calls for him/her in the event that none of the above telephone numbers work. This information is not required and needs a release of information to authorize contact but may be needed by the billing component of SAMS and for follow-ups.

CLIENT INFORMATION SCREEN

- Contact Person Name
- Relationship to Client
- Telephone Number and Extension

ADDRESS-THIRD TAB

ADDRESS TYPE: **At least one Montana address is required** for each client. If the client is going to be billed for services, SAMS will need to know either the physical address or the mailing address. More than one address type can be in the system.

- MAILING: Address where client receives his/her mail.
- PHYSICAL: Address of client's residence.
- THIRD PARTY: Any other address client provides that is not a mailing, physical, or history address.
- HISTORY: Address where client used to receive mail or reside. Client does not currently use this address.

The following describes the data elements contained in each of the four address type records.

ADDRESS: Enter the street address or P.O. Box for the address type. Use both address fields, if needed.

CITY: Enter city of address.

STATE: Enter two character postal mailing code for state of address.

CLIENT INFORMATION SCREEN

ZIP CODE: Enter five digit postal zip code for address.

COUNTY: Enter two digit county code. If from Montana, use the code tables in Appendix A (Section 25). This field can be filled in by the system based on the City.

COUNTRY: Enter code for country of address (typically USA).