

* = Required Field

NEW MEMBER ENROLLMENT/UCI REQUEST

ADAMH/ADAS/CMH Board Consortium

*MACSIS UCI No. (Req'd on change only)

*Form Type
 N = New Member
 C = Change/Correction

PROVIDER INFORMATION

*Submitting Provider		Date Faxed to Enrollment Center	*UPI
*Contact Person	*Fax No.	*Phone No. (include ext.)	

CLIENT INFORMATION

*Last Name: _____ *First: _____ MI: _____

*DOB: _____ *Gender: M F

*Address 1: _____

Address 2: _____

*City: _____ *State: _____ *Zip: _____-_____

*Race ("X" all that apply): A - Asian B - Black/African American M - Alaskan Native N - Native American/American Indian
 P - Native Hawaiian/Other Pacific Islander W - White U - Unknown

*Ethnicity ("X" all that apply): A - Puerto Rican B - Mexican C - Cuban D - Other Hispanic E - Not Hispanic or Latino
Home Phone: _____ Business Phone: _____

Non-English Language Code codes from A-Z (see reverse): _____ *Marital Status: S - Single M - Married D - Divorced W - Widowed

Medicaid No.: _____ *SSN: _____ Client ID at Provider (medical record no.): _____

*Start Date: _____-_____-_____ *Family Size: _____ *Adjusted Gross Mo. Income: _____

*County of Residence (1st 4 letters of co.): _____ Out of State

Plan Type: MH - Mental Health AD - Alcohol and Other Drugs DF - Dual Funded
Client is potentially SMD/SED? Yes No
*AOD release of information signed (AOD only)? Yes No
*Consent for treatment signed? Yes No
*Client refused to sign consent for treatment (MH only)? Yes No
*In crisis at enrollment? Yes No

Sliding Fee Percentage	Member Copay
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Referred to				
Provider Name	UPI	Other 1	Other 2	Other 3

Prohibition on Redislosure: This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse and/or mental health treatment. State and Federal law prohibit disclosure of this information without the client's consent. With respect to clients receiving alcohol and other drug addiction treatment, this information has been disclosed to you from records protected by federal confidentiality rules (42CFR Part 2). The Federal rules prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

ITEMS COMPLETED BY ENROLLMENT STAFF

Group - Level 3: _____ Plan: _____ Panel: _____
Riders: _____ Term. Date: _____ Term. Reason: _____

Staff Entering Data	Date Entered	Date Faxed to Provider
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Non-English Language Codes

A = ASL American Sign Language	J = Hungarian	S = Serbian
B = Arabic	K = Italian	T = Serbo-Croatian
C = Chinese	L = Japanese	U = Slovak
D = Croatian	M = Korean	V = Slovene
E = Dutch	N = Mon-Khmer (Cambodian)	W = Spanish
F = French	O = Pennsylvania Dutch	X = Thai (Laotian)
G = German	P = Polish	Y = Ukrainian
H = Greek	Q = Rumanian	Z = Vietnamese
I = Hindi	R = Russian	

Race Codes and Definitions

Indicate the member's self-report of his/her race, selecting all appropriate code(s). The official policy of the State of Ohio is to use the stated codes for all information entries to this field. All blanks and entries that do not conform to the code will be changed to "U." The following codes will be used as the standard for maintaining, collecting, and presenting data on race for all Federal-reporting purposes.*

Code	Race	Definitions (for documentation purposes)
A	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
B	Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
M	Alaskan Native	A person having origins in any of the original peoples of Alaska, and who maintains tribal affiliation or community attachment.
N	Native American/ American Indian	A person having origins in any of the original peoples of North (excluding Alaska) and South America (including Central America), and who maintains tribal affiliation or community attachment.
P	Native Hawaiian/ Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands [which includes: Carolinian, Fijian, Kosraean, Melanesian, Micronesian, Northern Mariana Islander, Palauan, Papua New Guinean, Ponapean (Pohnpelan), Polynesian, Solomon Islander, Tahitian, Tarawa Islander, Tokelauan, Tongan, Trukese (Chuukese), and Yapese].
W	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
U	Unknown	This code should be used only if the race of the member is unknown.

*The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature. They are not to be used as determinants of eligibility for participation in any Federal program. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on race by Federal agencies.

Ethnicity Codes

Indicate the member's self-report of his/her ethnicity, selecting all appropriate code(s). The official policy of the State of Ohio is to use the stated codes for all information entries to this field. All blanks and entries that do not conform to the code list will be changed to E. The following codes will be used as the standard for maintaining, collecting, and presenting data on ethnicity for all Federal-reporting purposes.*

A = Puerto Rican
B = Mexican
C = Cuban
D = Other Hispanic
E = Not Hispanic or Latino

*The categories in this classification are social-political constructs and should not be interpreted as being either scientific or anthropological in nature. They are not to be used as determinants of eligibility for participation in any Federal program. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on ethnicity by Federal agencies. Although OMB only requires the "header classification," Hispanic or Not Hispanic, SAMHSA will continue to require the same breakdown for ethnicity. Instead, they will collapse down to OMB.