

OBHIS UPDATE RECORD FIELDS for MH Clients

Identifier Type:* <input type="checkbox"/> GOSH <input type="checkbox"/> Shares <input type="checkbox"/> Heartland <input type="checkbox"/> Medicaid <input type="checkbox"/> SSN <input type="checkbox"/> Unknown <input type="checkbox"/> MACSIS	OBHIS Client ID Number:*
First Name:*	Last Name:*
Date of Birth:* (mm/dd/yyyy)	Gender:* <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown
Race:* <input type="checkbox"/> Alaska Native <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Other Single Race <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Black/African American <input type="checkbox"/> Unknown <input type="checkbox"/> Pacific Islander	Ethnicity:* <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Hispanic-Specific Origin not Given <input type="checkbox"/> Other Specific Hispanic <input type="checkbox"/> Mexican <input type="checkbox"/> Unknown <input type="checkbox"/> Not of Hispanic Origin

Update Date (MM/DD/YYYY):	
Current Educational Enrollment* <input type="checkbox"/> Pre-School <input type="checkbox"/> K – 12 th Grade <input type="checkbox"/> GED Classes <input type="checkbox"/> College <input type="checkbox"/> Other Schooling (e.g., Adult Basic Ed., Literacy) <input type="checkbox"/> Vocation/Job Training <input type="checkbox"/> Has not attended school at any time in last three months <input type="checkbox"/> Unknown	Employment Status* <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Sheltered Employment <input type="checkbox"/> Unemployed but actively looking for work Not in Labor Force <input type="checkbox"/> Disabled <input type="checkbox"/> Engaged in Residential/Hospitalization <input type="checkbox"/> Homemaker <input type="checkbox"/> Inmate in Jail/Prison/Corrections <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> Other NOT in labor force <input type="checkbox"/> Unknown
Highest Education Level Completed* <input type="checkbox"/> < 1st Grade <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> 1st Grade <input type="checkbox"/> Technical School <input type="checkbox"/> 2nd Grade <input type="checkbox"/> Some College <input type="checkbox"/> 3rd Grade <input type="checkbox"/> 2 Yr. College/Assoc. Degree <input type="checkbox"/> 4th Grade <input type="checkbox"/> 4 Yr. College/Bach. Degree <input type="checkbox"/> 5th Grade <input type="checkbox"/> Graduate Degree <input type="checkbox"/> 6th Grade <input type="checkbox"/> Unknown <input type="checkbox"/> 7th Grade <input type="checkbox"/> 8th Grade <input type="checkbox"/> 9th Grade <input type="checkbox"/> 10th Grade <input type="checkbox"/> 11th Grade	Education Type (If K-12 Selected)* <input type="checkbox"/> Has Individual Education Plan (IEP) <input type="checkbox"/> Does Not Have Individual Education Plan <input type="checkbox"/> Unknown

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<p>Living Arrangement at Update*</p> <p><input type="checkbox"/> Private Residence - Adult</p> <p><input type="checkbox"/> Private Residence -Child</p> <p><input type="checkbox"/> Permanent Supportive Housing</p> <p><input type="checkbox"/> Residential Care/Group Home/ACF</p> <p><input type="checkbox"/> Community Residence</p> <p><input type="checkbox"/> Temporary Housing</p> <p><input type="checkbox"/> Foster Care</p> <p><input type="checkbox"/> DD Licensed/Operated Facility</p> <p><input type="checkbox"/> Correctional Facility</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>	<p>Special Populations*</p> <p><input type="checkbox"/> SMD/SED</p> <p><input type="checkbox"/> Early Childhood Risk for SED</p> <p><input type="checkbox"/> Forensic/Legal Status</p> <p><input type="checkbox"/> Sexual Offender</p> <p><input type="checkbox"/> Suicidal</p> <p><input type="checkbox"/> Military Family/Dependent</p> <p><input type="checkbox"/> In Custody of Children's Services</p> <p><input type="checkbox"/> Alcohol/Other Drug Use</p> <p><input type="checkbox"/> Language Barriers/English as a Second Language</p> <p><input type="checkbox"/> Deaf or Hearing Impaired</p> <p><input type="checkbox"/> Developmental Disability</p> <p><input type="checkbox"/> Physically Disabled</p> <p><input type="checkbox"/> Blind or Visually Impaired</p> <p><input type="checkbox"/> Speech Impaired</p> <p><input type="checkbox"/> HIV/AIDS</p> <p><input type="checkbox"/> Hepatitis C</p> <p><input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Physical Abuse Victim</p> <p><input type="checkbox"/> Sexual Abuse Victim</p> <p><input type="checkbox"/> Domestic Violence Victim/Witness</p> <p><input type="checkbox"/> Child of Alcohol/Drug User</p> <p><input type="checkbox"/> Non-Conforming Gender Identity</p> <p><input type="checkbox"/> Gay/Lesbian/Bisexual</p> <p><input type="checkbox"/> Multiple Service System Involvement</p> <p><input type="checkbox"/> NO SPECIAL POPULATION</p>	
<p>Number of Arrests in Past 30 days*</p>	<p>Does the Client Use Tobacco Products?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>Diagnostic Code Type* (must select one) <input type="checkbox"/> IDC-10 Codes <input type="checkbox"/> DSM-5 Codes</p>		
<p>Primary Diagnostic Code*</p>	<p>Secondary Diagnostic Code</p>	<p>Tertiary Diagnostic Code</p>
<p>Care Setting* (must select one) <input type="checkbox"/> Community <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Type 1 Bed Residential <input type="checkbox"/> Unknown</p>		