OBHIS TRANSFER RECORD FIELDS

Identifier Type:*

- ☐ GOSH
- ☐ Shares
- ☐ Heartland
- ☐ Medicaid
- ☐ SSN
- ☐ Unknown
- ☐ MACSIS

OBHIS Client ID Number:*

First Name:*

Last Name:*

Date of Birth:* (mm/dd/yyyy)

Gender:* ☐ Female ☐ Male ☐ Unknown

Race:*

- ☐ Alaska Native
- ☐ American Indian
- ☐ Asian
- ☐ Black/African American
- ☐ Pacific Islander
- ☐ White
- ☐ Other Single Race
- ☐ Two or More Races
- ☐ Unknown

Ethnicity:*

- ☐ Cuban
- ☐ Hispanic-Specific Origin not Given
- ☐ Mexican
- ☐ Not of Hispanic Origin
- ☐ Puerto Rican
- ☐ Other Specific Hispanic
- ☐ Unknown

Transfer Date* (mm/dd/yyyy)

Level of Care Transferred to

- ☐ Early Intervention
- ☐ Outpatient
- ☐ Intensive Outpatient
- ☐ Partial Hospitalization
- ☐ Clinically Managed Low-Intensity Residential
- ☐ Clinically Managed Population-specific Residential
- ☐ Clinically Managed High-Intensity Residential
- ☐ Medically Monitored Intensive Inpatient
- ☐ Medically Managed Intensive Inpatient