

OBHIS UPDATE RECORD FIELDS

Update Date:		ID/Name:	
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 the last three months <input type="checkbox"/> Unknown		Employment Status* <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Sheltered <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"/> 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		Special Populations* <input type="checkbox"/> SMD/SED <input type="checkbox"/> Early Childhood Risk for SED <input type="checkbox"/> Forensic/Legal Status <input type="checkbox"/> Sexual Offender <input type="checkbox"/> Suicidal <input type="checkbox"/> Military Family/Dependent <input type="checkbox"/> In Custody of Children’s Services <input type="checkbox"/> Alcohol/Other Drug Use <input type="checkbox"/> Language Barriers/English as a Second Language <input type="checkbox"/> Deaf or Hearing Impaired <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Blind or Visually Impaired <input type="checkbox"/> Speech Impaired <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Physical Abuse Victim <input type="checkbox"/> Sexual Abuse Victim <input type="checkbox"/> Domestic Violence Victim/Witness <input type="checkbox"/> Child of Alcohol/Drug User <input type="checkbox"/> Non-Conforming Gender Identity <input type="checkbox"/> Gay/Lesbian/Bisexual <input type="checkbox"/> Multiple Service System Involvement <input type="checkbox"/> NO SPECIAL POPULATION	
Living Arrangement at Update* <input type="checkbox"/> Private Residence - Adult <input type="checkbox"/> Private Residence -Child <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Residential Care/Group Home/ACF <input type="checkbox"/> Community Residence <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Foster Care <input type="checkbox"/> DD Licensed/Operated Facility <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Homeless <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> 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 </div>	
Number of Arrests in Past 30 days*		Does the Client Use Tobacco Products?* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Diagnostic Code Type* (must select one) <input type="checkbox"/> IDC-10 Codes <input type="checkbox"/> DSM-5 Codes			
Primary Diagnostic Code*	Secondary Diagnostic Code	Tertiary Diagnostic Code	
Care Setting* (must select one) <input type="checkbox"/> Community <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Type 1 Bed Residential			