



CSI Periodic Data

NAME/MRN _____

Clinician:		Agency/Clinic:	
RU:	Date Completed:	Education (# Years Completed):	

Employment Status: (Check one)

Legal Consent: (Check one)

<input type="checkbox"/> 1 Comp: 35 Hrs or More	<input type="checkbox"/> 10 Training: P/T	<input type="checkbox"/> 0 Unknown
<input type="checkbox"/> 2 Comp: 20 Hrs or Less	<input type="checkbox"/> 11 Volunteer	<input type="checkbox"/> 9 Not Applicable
<input type="checkbox"/> 3 Comp: 20-35 Hrs	<input type="checkbox"/> 12 Seeking Work	<input type="checkbox"/> A Temporary Conservatorship
<input type="checkbox"/> 4 Homemaking: F/T	<input type="checkbox"/> 13 Not Seeking Work	<input type="checkbox"/> B LPS Conservatorship
<input type="checkbox"/> 5 Rehab: 35 Hrs or More	<input type="checkbox"/> 14 Retired	<input type="checkbox"/> C Murphy
<input type="checkbox"/> 6 Rehab: 20 Hrs or Less	<input type="checkbox"/> 15 Not in Labor Force	<input type="checkbox"/> D Probate
<input type="checkbox"/> 7 Rehab: 20-35 Hrs	<input type="checkbox"/> 16 Unknown	<input type="checkbox"/> E PC 2974
<input type="checkbox"/> 8 School: F/T	<input type="checkbox"/> 17 Resident / Inmate	<input type="checkbox"/> F Rep. Payee w/o Conservatorship
<input type="checkbox"/> 9 Training: F/T		<input type="checkbox"/> G Juvenile Court – Dependent of Court
		<input type="checkbox"/> H Juvenile Court – Ward Status Offender
		<input type="checkbox"/> I Juvenile Court – Ward Juvenile Offender

Living Situation: (Check one)

<input type="checkbox"/> 01 Lives alone in house/apartment	<input type="checkbox"/> 15 House or Apt w/ Supervision	<input type="checkbox"/> 36 MH Rehabilitative Center
<input type="checkbox"/> 02 Lives with immediate family	<input type="checkbox"/> 16 Supported Housing	<input type="checkbox"/> 37 PHF – In-Patient Psychiatric
<input type="checkbox"/> 03 Lives with extended family (relatives)	<input type="checkbox"/> 20 Small Board & Care	<input type="checkbox"/> 40 Drug Abuse Facility
<input type="checkbox"/> 04 Lives w non-related persons, except foster care	<input type="checkbox"/> 21 Large Board & Care	<input type="checkbox"/> 41 Alcohol Abuse Facility
<input type="checkbox"/> 05 Foster Family	<input type="checkbox"/> 22 Residential Treatment Center	<input type="checkbox"/> 42 Justice-related
<input type="checkbox"/> 06 Single Room	<input type="checkbox"/> 23 Community Treatment Facility	<input type="checkbox"/> 50 Temporary Arrangement
<input type="checkbox"/> 07 Group Quarters	<input type="checkbox"/> 24 Adult Residential / Social Rehab	<input type="checkbox"/> 51 Homeless - No Residence
<input type="checkbox"/> 08 Group Home	<input type="checkbox"/> 31 State Hospital	<input type="checkbox"/> 52 Homeless - In Transit
<input type="checkbox"/> 09 CRTS – Long Term or Temporary	<input type="checkbox"/> 32 VA Hospital	<input type="checkbox"/> 98 Other
<input type="checkbox"/> 10 Satellite Housing	<input type="checkbox"/> 33 SNF/ICF - Psych Reasons	<input type="checkbox"/> 99 Unknown
<input type="checkbox"/> 13 House or Apartment	<input type="checkbox"/> 34 SNF/ICF - Nursing Home	
<input type="checkbox"/> 14 House or Apt w/ Support	<input type="checkbox"/> 35 General Hospital	

Caregiver (under 18 years) How many dependents does consumer care for at least 50% of the time who are under 18 years of age?	Caregiver (18 years and over) How many dependents does consumer care for at least 50% of the time who are 18 years of age and over ?
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AB3632 Reporting Units Only

School District: _____ **Eff Date:** ___/___/___ **Exp Date:** ___/___/___

Special Population: **N** No Special Pop **C** IEP: AB 3632 **Eff Date:** ___/___/___ **Exp Date:** ___/___/___

Signature/Title _____ Date _____

Computer Entry Clerk
Initials