

Region 10 PIHP BH TEDS DATA SHEET

Provider Name:		Program Name:		Effective Date:		
Form Completed on:		By (Print Name):		Phone #:		
CLIENT INFORMATION	First Name:		Last Name:		Middle Initial:	
	Address (Street, City, State Zip):					
	County of Residence:		Living Arrangement: <input type="checkbox"/> Dependent <input type="checkbox"/> Independent	Birth Date:	Social Security #	
	Primary Care Physician:				Phone #:	
	Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married/Cohabiting <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Maiden Name:	
	Correctional/Legal: <input type="checkbox"/> None <input type="checkbox"/> Prison <input type="checkbox"/> Jail <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> Tether <input type="checkbox"/> JD Center <input type="checkbox"/> Pre-Trial <input type="checkbox"/> Booking Diversion					
DEMOGRAPHICS	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant on Service Start Date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (Male)		Parent at Risk of Losing a Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Tx Episodes: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+	
	Race: <input type="checkbox"/> Alaskan <input type="checkbox"/> Amer Indian <input type="checkbox"/> African Amer <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Island <input type="checkbox"/> Asian <input type="checkbox"/> Single Race <input type="checkbox"/> Two or More Races					
	Ethnicity: <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not of Hispanic or Latino Origin					
	Education: <input type="checkbox"/> No Schooling <input type="checkbox"/> Nursery/Head Start <input type="checkbox"/> High School/GED <input type="checkbox"/> College (1-4) <input type="checkbox"/> Vocational <input type="checkbox"/> Speical Ed					
FINANCIAL/ INSURANCE	Employment Status: <input type="checkbox"/> N/A Under 16 <input type="checkbox"/> Full Time (35 hrs) <input type="checkbox"/> Part Time (<35 hrs) <input type="checkbox"/> Unemployed <input type="checkbox"/> Not In Labor Force					
	Annual Income:	Hourly Wage:	Hours Worked Past 2 Weeks:	Minimum Wage: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Dependents:	
	Insurance: Name:		Policy #:		Group #:	
VETERANS STATUS	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Client/family enrolled in/connected to VA/Veteran resources/support & service organizations: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Branch of Service: <input type="checkbox"/> Army <input type="checkbox"/> Arny National Guard <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Air National Guard <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> None					
	Service Era: <input type="checkbox"/> WWII <input type="checkbox"/> Korean <input type="checkbox"/> Vietnam <input type="checkbox"/> Desert Storm <input type="checkbox"/> Post 911-Iraq/Enduring Freedom/New Dawn <input type="checkbox"/> PeaceTime Era					
EMERGENCY /GUARDIAN	Name:		Phone:		Relationship:	
	Address (Street, City, State Zip):					

Fax Form & Consent to 1-810-255-1095 - Region 10 PIHP MIX Queue

Updated 3.25.2021