

## BEHAVIORAL HEALTH DEMOGRAPHIC UPDATE FORM

San Luis Obispo Behavioral Health Department		<input type="checkbox"/> DAS 2180 Johnson Ave, San Luis Obispo, CA 93401 Phone: (805) 781-4275 FAX(805) 781-1227		<input type="checkbox"/> MH 2178 Johnson Ave, San Luis Obispo, CA 93401 Phone: (800) 838-1381 FAX (805) 781-1177	
Client Name				Client Record No:	
Street Address			City		State:      Zip
Mailing Address (if different than above)			City		State      Zip
Home/Message Phone		Cell Phone		<input type="checkbox"/> OK to leave a message?	Email Address
<b>NEW CONTACTS</b>	Social Worker Name				Social Worker Phone #
	Probation Officer Name				Probation Officer Phone #
<b>MARITAL STATUS</b> <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner					
<b>WORK</b>	<input type="checkbox"/> Employed full-time (35 hours or more)		<input type="checkbox"/> Unemployed (Looking for work)		<input type="checkbox"/> Not in the labor force (Not seeking work)
	<input type="checkbox"/> Part time(Less than 35 hrs)		<input type="checkbox"/> Unemployed (Not looking for work)		<input type="checkbox"/> Other
	Not working because (reason)?				
<b>LIVING ARRANGEMENTS</b>					
<input type="checkbox"/> House/Apt/Mobile Home <input type="checkbox"/> Family or friends <input type="checkbox"/> Drug Residential Rehab <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Home (child/yth) <input type="checkbox"/> Hotel/Motel/Rooming House <input type="checkbox"/> Homeless in transition <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Sober Living Environment <input type="checkbox"/> Other					
<b>FAMILY</b>	Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Due Date:	Number of children 0 - 5 years	
				Number of children 6 - 17 years	
Have you had or do you have an open CWS case?   Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Other names you use</b>					
Alias/Maiden Last Name:			First		Middle
<b>EMERGENCY CONTACT INFO</b>					
Name			Phone		Work Phone
Address					Relationship to you
<b>LEGAL</b>					
<input type="checkbox"/> Parole Officer Name & Phone #				CDC #	
<input type="checkbox"/> Other-Specify/CSI Legal Consent				Court Case #	
<b>FINANCIAL</b>					
Medi-Cal   Yes <input type="checkbox"/> No <input type="checkbox"/>		Medicare   Yes <input type="checkbox"/> No <input type="checkbox"/>		General Relief   Yes <input type="checkbox"/> No <input type="checkbox"/>	
Private Insurance   Yes <input type="checkbox"/> No <input type="checkbox"/>			Insurance Name:		
Group/Policy #			Insurance Address		
What is your monthly family income?			How many people live on your income including you?		
<b>CLIENT NAME</b>				<b>CLIENT NUMBER</b>	
Staff Name obtaining information				Date of Updated Info provided by Client	

**BH CLIENT DEMOGRAPHIC UPDATE FORM**