CIRTS CLIENT INFORMATION

Action Menu Edit Block Field Record Help

ADD_CLIENT_INFO 20171012 **C I R T S** Date 10/17/2017 User RSCIRTSADMIN05

PSA | Owner ID | SSN | Client ID | First Name | Last Name

☐ Demographic Complete
☐ PAS Complete
☐ Open Case
☐ Open Enrollment

A. DEMOGRAPHIC SECTION

SSN | Owner ID | County of Service | First Name | M.I. | Last Name

Medicaid Number | Best Contact Telephone Number | Date of Birth | Date of Death | Sex

Race: (Mark all that apply):

☐ White ☐ Black / African American ☐ Asian
☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Other

Other Race Description

Ethnicity | Primary Language | Other Primary Language Description

Does client have limited ability reading, writing, speaking, or understanding English?

Marital Status

Are you a veteran? ☐ Referral Made

Physical Location | Home Address | Mailing Address | Contact Person(s)

ASSESSOR/CM: Current Physical Location Address (If type is a facility, enter a facility name.)

Copy Home Address Date of Last Change

Street

Street con't.

ZIP | ZIP 4 | City | County

Type | Telephone Number

Facility Name | Address History

Search | LOC | Referrals | NHD | Assessments | SMMC LTC Complaints | Change Owner | Change SSN

Delete Client | Change PSA | EHEAP

Record: 1/1 ... <OSC>