



2a. What is the CMHC region for this treatment program? (*Please skip to #3 if your program is the collaborative effort between The Ridge and bluegrass.org*)

- 1 = Four Rivers
- 2 = Pennyroyal
- 3 = RiverValley
- 4 = LifeSkills
- 5 = Communicare
- 6 = Seven Counties
- 7 = NorthKey
- 8 = Comprehend
- 10 = Pathways
- 11 = Mountain
- 12 = Kentucky River
- 13 = Cumberland River
- 14 = Adanta
- 15 = Bluegrass

3. (*If the program is not one of the CMHC programs*) Please select the name of the program in which the client is receiving treatment:

- 1 = Boys and Girls Haven
- 2 = Children's Home of Northern Kentucky
- 3 = KVC Behavioral Health Care Kentucky
- 4 = Maryhurst
- 5 = Methodist Home of Kentucky
- 6 = Necco
- 7 = Our Lady of Peace
- 8 = Ramey Estep Homes
- 9 = Rivendell Behavioral Health Hospital
- 10 = Specialized Alternatives for Family and Youth of Kentucky (SAFY)
- 11 = The Ridge Behavioral Health System & bluegrass.org
- 12 = University of Kentucky Department of Psychiatry Model Clinic
- 12 = WestCare
- 13 = Other program, please specify: \_\_\_\_\_

**When entering your site on AKTOS you will now use Site ID instead of I-SATS number. If you do not know your Site ID or do not see your site listed, select the closest match (i.e., main office, physical location where you attend meetings, where your paycheck is issued).**

**(You will need to fill out the site code only if your program is part of a CMHC)**

4. What is the site ID or site code for this treatment program?

Site ID: \_\_\_\_\_

**To track clients accurately and to allow us to contact program staff if we have questions, please enter the contact information for the clinician or admitting staff person.**

5. Admitting clinician's or staff person's name: \_\_\_\_\_

6. Email address of the admitting clinician or staff member: \_\_\_\_\_

7. Work phone number of admitting clinician/staff member: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please enter information about the client so we can register him/her in the system. All client information is confidential (with identifiers stored separately from survey data), is encrypted (or scrambled) such that only those with a specific key can read them, and can only be accessed by authorized staff.

8. Client's name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

9. What is the client's date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_

10. What is the client's social security number? \_\_\_\_-\_\_\_\_-\_\_\_\_

11. (*If the client is a KY Kids Recovery Program client*) Please indicate the type of services the client is receiving at your program:

- 1 = Prevention, universal (education for all)
- 2 = Prevention, selected (education with individuals with risk factors)
- 3 = Prevention, indicated or targeted (information and referral with high-risk individuals)
- 4 = Early intervention
- 5 = Treatment
- 6 = Assessment only (i.e., other program may provide treatment if warranted)

12. **Date of entry into this prevention/treatment episode/assessment** [Date the client began receiving prevention or early intervention services OR Date the client was admitted into this treatment episode OR Date of the assessment]: \_\_\_\_\_MM/\_\_\_\_\_DD/\_\_\_\_\_YYYY

**Note: In the web data collection survey, you will be asked to verify the intake interview date.**

13. (*Skip if the client is receiving prevention, intervention, or assessment only services*) What type of admission is the client to your program?

- 1 = Readmission
- 2 = New admission
- 3 = Continuing client but will receive a new type of service/therapy

14. What type of medical insurance does the client have? **Select one.**

- 1 = No medical insurance
- 2 = Insurance through family member's employer
- 3 = Insurance through Health Exchange
- 4 = Other private insurance (self-employed)
- 5 = Medicaid (Medical card, Passport)
- 6 = Medicare
- 7 = VA/Champus/Tricare
- 8 = Other: Specify \_\_\_\_\_

15. Will insurance cover any part of this prevention/assessment/treatment episode?

- 0 = No    1 = Yes    2 = Don't know

<b>16. Client Information</b>	
a. City in which the client resides	
b. County in which the client resides	
c. State in which the client resides	1 = KY 2 = OH 3 = WV 4 = VA 5 = TN 6 = MO 7 = IN 8 = Other, please specify: _____
d. Client's zip code	