DANE COUNTY MENTAL HEALTH CONSUMER STATUS DATA FORM – 2005*

Client: County ID #: _____ Last _____ First _____ M.I.__

Agency _____ County Prog # _____ Staff Initials _____ Date ____/____/____

County of Residence (if not Dane) _____

Legal/Commitment Status (circle 1 code)
1 None (voluntary involvement)
2 Settlement Agreement
3 Involuntary Civil - Chapter 51
4 Involuntary Civil - Chapter 55
5 Involuntary Criminal
6 Guardianship Only

Presenting Problem(s) (circle 1, 2 or 3 codes)
1 Marital / Family
2 Social / Interpersonal
3 Coping with daily roles and activities
4 Medical / Somatic
5 Depressed mood / Anxious
6 Attempt, threat or danger of suicide
7 Alcohol
8 Drugs
9 Involvement with Criminal Justice System
10 Eating disorder
11 Disturbed thoughts
12 Victim of Abuse, Assault or Rape
13 Runaway behavior
14 Emergency detention

BRC Target Population (circle 1 code)
H Need Ongoing, **H**igh Intensity, Comprehensive Services
L Need Ongoing, **L**ow Intensity, Comprehensive Services
S Need **S**hort-term Situational Services

If BRC Target Population is "S", stop here.
If BRC is H or L, the entire form must be filled.

Only if BRC Target Pop. is "H":
- # of client's children under 18 _____
- Of these, number living with client _____
- Axis I diagnosis if primary diagnosis is Axis II _____

MA Client yes / no **MA #** _____

Psychosocial & Environmental Stressors (circle 1 code)
0 Inadequate Information
1 None
2 Mild
3 Moderate
4 Severe
5 Extreme
6 Catastrophic

Global Assessment of Functioning _____

Health Status (circle 1 code)
1 No health condition
2 Stable / Capable
3 Stable / Incapable
4 Unstable / Capable
5 Unstable / Incapable
6 New Symptoms / Capable
7 New Symptoms / Incapable
9 Unknown

Health Related Appointments within the last 6 months:

(circle 1 code in each column)	Health	Vision	Dental
Kept appt or none needed	1	1	1
Unable to access services	2	2	2
Didn't keep or refused appt	3	3	3
Unknown	9	9	9

Suicide Risk (circle 1 code)
1 No risk factors
2 Presence of risk factors
3 High potential for suicide
9 Unknown

Residential Arrangement (circle 1 code)
1 Street, shelter or temporary hotel
2 Private residence or household
3 Supported or semi-supervised residence
4 Specialized facility - on site supervision
5 Other institution
6 Jail or correctional facility

Employment (circle 1 code)
1 Competitive
2 Temporary
3 Supported
4 Sheltered
5 Prevocational Activity
6 Not Working
7 Unemployed
8 Respected Status
9 Not in Labor Force
99 Unknown

Employment Level (if employed (1-5 above), circle 1 code)
1 Full-time (35 or more hrs/wk)
2 Part-time (20-34 hrs/wk)
3 Other part-time (less than 20 hrs/wk)

Financial Support(s) (circle 1, 2, 3 or 4 codes)
1 Paid Employment
2 Social Security retirement benefits/pension
3 (discontinued in 2005, replaced w/ 16 & 17)
4 Disability payments
5 Worker's compensation
6 Food Stamps
7 Temporary Assistance to Needy Families (TANF)
8 Trust funds/savings income
9 Alimony/maintenance, child support
10 Unemployment compensation
11 Relatives and/or spouse
12 Rent supplements - HUD, Section 8
13 County cash assistance
14 None
15 Other
16 Supplemental Security Income (SSI)
17 Social Security Disability Income (SSDI)
99 Unknown

Daily Activity (circle 1, 2 or 3 codes)
1 No educational, social or planned activity
2 Part-time educational activity
3 Full-time educational activity
4 Social activity
5 Volunteer or planned activities
6 Other respected status
9 Unknown

Criminal Justice System Involvement within the last 6 months (circle 1, 2, 3 or 4 codes)
1 None
2 On probation
3 Arrest(s)
4 Jailed / Imprisoned
5 On parole
6 Juvenile Justice System
9 Unknown

* Form dated January, 2005. This form must be filled out for all Mental Health clients initially, and every six months by the System Wide Case Manager for BRC Target Population "H" and "L" clients. For more information please see www.dhfs.wisconsin.gov/hsrs/handbook/index.htm