

CalOMS Admission [Training Tips: How to Complete CalOMS](#)

Client ID _____

Admission Transaction Type _____ FSN _____

How many days was the client on a waiting list before being admitted to this treatment program?
Allowed values: 0-999, 99900, 99904 _____

What is the number of prior episodes in any alcohol or drug Treatment program in which the client has participated?
Allowed values: 0-999, 99900, 99901, 99904 _____

If the client's treatment services are being delivered on behalf of another county, what is the code of the county for which the services are being performed? _____

What is the special services contract ID number under which the client's services were provided?
Allowed values: 0000-9999, 99902 _____

Is the client a CalWorks recipient? _____ Is the client receiving substance abuse treatment under the CalWORKs welfare-to-work plan? _____

What is the client's principal source of referral? _____ What is the client's gender? _____

What is the client's current first name? _____ What is the client's current last name? _____

Date of Birth _____ What is the client's social security number? _____

What is the client's birth first name? _____ What is the client's birth last name? _____

Zip Code at Current Residence _____ What is the client's state of birth if born within the United States? _____
Allowed values: 5 digit zip, 00000, XXXXX, ZZZZZ

What is the client's county of birth if born in California? _____ What is the client's driver's license number or state ID card number?
Allowed values: 13 digit ID, 99900, 99902, 99904 _____

For which state does the client have a valid driver's license or state ID card? _____ What is the first name of the client's mother, or individual the client considers to be their mother? _____

- What is the client's race?
- | | | | |
|---|------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> White / Caucasian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Black / African-American | <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Race |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Laotian | <input type="checkbox"/> Multi Racial |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Vietnamese | |

- What is the client's ethnicity?
- | | | | |
|--|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Not Hispanic | <input type="checkbox"/> Mexican / Mexican American | <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Other Hispanic / Latino | | | |

Is the client a U.S. veteran _____

- What type of disability/disabilities does the client have, if any?
- | | | | |
|----------------------------------|-----------------------------------|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Speech | <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Client declined to state |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Mobility | <input type="checkbox"/> Other Disability (not SUD) | <input type="checkbox"/> Client unable to answer |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Mental | | |

Are you heterosexual, lesbian, gay, bisexual, transgender, or do you question your sexual orientation? _____

Is there a consent form allowing future possible contact, signed by the client, on file within your agency? Yes
No

SUD, Medical & Mental Health

Drug and Alcohol Information

What is the client's primary alcohol or drug problem? _____

Please specify: _____

How many days in the past 30 days has the client used the primary drug? _____
Allowed values: 0-30

What is the client's usual route of administration they use most often for their primary drug of abuse? _____

What was the client's age of first use for the primary drug of abuse? _____
Allowed values: 5-105, 99904

What is the client's secondary alcohol or drug problem? _____

Please specify: _____

How many days in the past 30 days has the client used the secondary drug of abuse? _____
Allowed values: 0-30, 99902

What is the client's usual route of administration they use most often for the secondary drug of abuse? _____

What was the client's age of first use for the secondary drug of abuse? _____
Allowed values: 5-105, 99902

Additional Drug Information

How many days in the past 30 days has the client used alcohol? Allowed values: 0-30, 99902 _____

How many days has the client used needles to inject drugs in the past 30 days? Allowed values: 0-30, 99900, 99904 _____

Has the client used needles to inject drugs in the past twelve months? _____

Employment Information

What is the client's current employment status? _____

Employed Full time (35 hours or more)
Employed Part time (less than 35 hrs.)
Unemployed, looking for work
Unemployed, not in the labor force (not seeking)
Not in the labor force (Not seeking)

How many days was the client paid for working in the past 30 days? Allowed values: 0-30, 99900, 99904 _____

Is the client currently enrolled in school? _____

Is the client currently enrolled in a job training program? _____

What is the client's highest school grade completed? Allowed values: 0-30, 99900, 99904 _____

Legal Information

What is the client's criminal justice status? _____

How many times has the client been arrested in the past 30 days? Allowed values: 0-30, 99904

What is the client's CDCR Identification Number? Allowed values: 6 digit string, 99900, 99901, 99902, 99904 _____

How many days has the client been in jail in the past 30 days? Allowed values: 0-30, 99904 _____

How many days has the client been in prison in the past 30 days? Allowed values: 0-30, 99904 _____

Is the client a parolee in the Parolee Services Network (PSN)? _____

Is the client a parolee in the Female Offender Treatment Program (FOTP)? _____

What is the client's FOTP Priority Status? _____

Medical/Physical Health Information

Is the client a Medi-Cal Beneficiary? _____ Has the client ever been diagnosed with a mental illness? _____

If the client is not male, is the client pregnant at time of admission? _____ Has the client been tested for HIV/AIDS? _____

Has the client ever been diagnosed with a mental illness? _____ What medication is prescribed as part of treatment? _____

Has the client been diagnosed with any sexually transmitted diseases? _____ Does the client have the results of the HIV/AIDS test? _____

How many times has the client visited an emergency room in the past 30 days for physical health problems? Allowed values: 0-99, 99904 _____

How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems? Allowed values: 0-30, 99904 _____

How many days in the past 30 days has the client experienced physical health problems? Allowed values: 0-30, 99904 _____

Mental Health Information

Mental Health Information

Has the client ever been diagnosed with a mental illness? _____

In the past 30 days, Has the client taken prescribed medication for mental health needs? _____

How many time in the past 30 days had the client received outpatient emergency services for mental health needs?

Allowed values: 0-30, 99904 _____

How many days in the past 30 has the client stayed for more than 24 hours in a hospital or psychiatric facility for mental health

needs? Allowed values: 0-30, 99904 _____

Family/Social Information

What is the client's current living arrangement? Homeless Dependent Living Independent Living

How many days in the past 30 days has the client lived with someone who uses alcohol or drugs? _____

Allowed values: 0-30, 99900, 99904

How many days in the past 30 days had the client had serious conflicts with members of the family? _____

Allowed values: 0-30, 99900, 99904

How many children does the client have aged 17 or less (birth or adopted), whether they live with the client or not? _____

Allowed values: 0-30, 99904

How many children does the client have age 5 or younger? _____

Allowed values: 0-30, 99904

How many of the client's children age 17 and under are living with someone else because of a child protection court order?

Allowed values: 0-30, 99904 _____

If the client has children living with someone else because of a child protection court order,
for how many of these children aged 17 or under have the client's parental rights been terminated?

Allowed values: 0-30, 99904 _____

How many days in the last 30 days has the client participated in any social support recovery activities such as:
12-step meetings, Other self-help meetings, Religious/faith recovery or self-help meetings, Meetings of organizations
other than those listed above Interactions with family member and/or friend support of recovery? _____