

 **Edwin Fair CMHC**

**Oklahoma Systems of Care Enrollment**

**Guardian has given verbal permission to release contact information to:**

**[ ]  E-TEAM at the University of Oklahoma (for service evaluation)**

**[ ]  Oklahoma Children’s Behavioral Health Network (for family support)**

**Service Type: [ ]  Wraparound [ ]  Service Coordination [ ]  BISS**

 **[ ]  Juvenile Justice [ ]  DHS Embed [ ]  Navigate**

**Funding Type: [ ]  Health Home (Bundled Rate) [ ]  Medicaid (Non-Bundled Rate) [ ]  ODMHSAS (Fee for Service)**

**Special Project? [ ]  ONIT [ ]  O-YAY**

Site: Enrollment Date: / /

Client’s Legal Name: \_\_\_\_\_\_ \_ Client’s Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: / / Gender: \_\_\_

Medicaid #: Social Security #:

School STN #: SOC ID: \_\_\_\_\_\_\_\_\_\_

*(if OJA/JSU involved)* JOLTS #: \_\_\_\_  *(if DHS involved)* OKDHS KIDS #: \_

Race / Ethnicity: *(Check all that apply.)*

 [ ]  White [ ]  Black / African American [ ]  Asian [ ]  Other *(Specify)*: \_\_\_

 [ ]  Hispanic/Latino [ ]  American Indian: Enrolled Tribe

Address:

City: County: State: Zip Code:

Primary Phone: Secondary Phone:

Is caregiver of client a veteran? [ ]  Yes [ ]  No

DSM-5 Primary Diagnosis (if available):

Substance Abuse Diagnosis (if applicable / available):

Developmental Diagnosis (if applicable / available):

**For dependent children or youth:**

Caregiver 1 Name: Relationship to Child:

Caregiver 2 Name: Relationship to Child:

**Enter data at:** **systemsofcare.ou.edu****. If you have questions, please email the E-TEAM YIS Help Desk at** **yis.eteam@ou.edu****.**