

**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**](mailto:systemsofcare.ou.edu)**. If you have questions, please email the E-TEAM YIS Help Desk at** [**yis.eteam@ou.edu**](mailto:yis.eteam@ou.edu)**.**