

**Edwin Fair CMHC**

**Oklahoma Systems of Care**

**Status Change**

Site: Status Change Date: / /

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

SOC ID:

|  |  |  |
| --- | --- | --- |
| **Discharge from services:**[ ]  Moved Out of Community[ ]  Family Withdrew [ ]  Referred to Other Program[ ]  Long-term Institutionalization[ ]  Other \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **OR** | **Service Type Change to:**[ ]  Wraparound[ ]  Service Coordination[ ]  Navigate[ ]  BISS**Special Project Change to:** |
|  |  | [ ]  ONIT[ ]  O-YAY**Funding Change to:**[ ]  State contract / DMH funded[ ]  Health Homes  |

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