

**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**](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)**.**