



DIVISION OF BEHAVIORAL HEALTH AND RECOVERY (DBHR)

**DBHR Target Data Elements
Waiting List – First Contact**

STAFF IDENTIFICATION
AGENCY NUMBER

SECTION I: CLIENT IDENTIFICATION

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME	4. OTHER LAST NAME
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5. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	6. DATE OF BIRTH	7. SOCIAL SECURITY NUMBER *	8. WASHINGTON DRIVER'S LICENSE OR ID NUMBER
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9. WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH (CHECK A MAXIMUM OF FOUR THAT APPLY)

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Non-federal tribe
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American	
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander	
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Race	Tribal Code (No. 1) _____
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Refused to Answer	
<input type="checkbox"/> Hawaiian (Native)	<input type="checkbox"/> Samoan	Tribal Code (No. 2) _____
<input type="checkbox"/> Japanese	<input type="checkbox"/> Thai	
<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Laotian	<input type="checkbox"/> White/European American	

10. SPANISH/HISPANIC/LATINO (CHECK ONE)

<input type="checkbox"/> Cuban	<input type="checkbox"/> Not Spanish/Hispanic/Latino	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Mexican, Mexican American, Chicano	<input type="checkbox"/> Other Spanish/Hispanic/Latino	<input type="checkbox"/> Refused to Answer

SECTION II: CLIENT FIRST CONTACT

1. DATE OF FIRST CONTACT	2. DATE OF FIRST OFFERED SERVICE	3. DATE OF FIRST ACCEPTED SERVICES
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4. INJECTION DRUG USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	5. PREGNANT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
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NOTES

* The Social Security Act provides for the collection of Social Security Number to assist in the administration of public funded programs.