

**CORE
 HUMAN SERVICES REPORTING SYSTEM
 MULTIPLE CLIENTS**

CLIENT REGISTRATION - Screen 11		MODULE TYPE I		Enter either the client ID (field 2b) or full name, birthdate and sex (fields 3-5).		
Episode Key		1 Worker ID		2a Social Security Number		2b Client ID
3a Last Name		3b First Name		3c Middle Name		3d Suffix
						4 Birthdate (mm/dd/yyyy) ____/____/____
5 Sex F M		6a Hispanic / Latino <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No		6b Race (Circle up to 5) <input type="checkbox"/> A = Asian <input type="checkbox"/> B = Black or African American <input type="checkbox"/> I = American Indian or Alaska Native		7 Client Characteristics <input type="checkbox"/> W = White <input type="checkbox"/> P = Native Hawaiian or Pacific Islander

OPTIONAL DATA - Screen 11							
8a Street Address		8b City		8c State	8d ZIP Code	8e County	8f Telephone ()
9 Start Date	10 Case Review Date	11 Diagnosis	12 Closing Date	13 Closing Reason	14 Family ID	15 Local Data	

CLIENT SERVICE - Screen 14									
Prog.No (U)	16 SPC Cluster or Category	17 Target Group	18 Days of Care	19 Other Units	20 Delivery Date (mm) (yyyy)	21 SPC Start Date (mm) (dd) (yyyy)	22 SPC End Date (mm) (dd) (yyyy)	23 Provider Number	24 SPC Review Date (mm) (yyyy)

Shaded areas optional.

