UNIFIED SERVICES TRANSACTION
EMERGENCY / SCREENING
>REGISTRATION<

INSTRUCTIONS: PLEASE TYPE ENTRIES 1. THROUGH 5.

1. PROJECT NAME: _______________________________________________________

2. PROJECT CODE

3. CLIENT/PATIENT NO.

4. DATE OF BIRTH MONTH   DAY   YEAR

5. UNIQUE CLIENT ID

INSTRUCTIONS: HANDPRINT CLEARLY IN BOXES AND CIRCLE LETTERS FOR MULTI-RESPONSE QUESTIONS 6. THROUGH 51. SEE CODES ON REVERSE.

6. ZIP CODE

7. CO-MUN CODE OF RESIDENCE

8. SERVICE AREA OF RESIDENCE

9. PROGRAM ELEMENT

10. DATE OF FIRST FACE-TO-FACE CONTACT MO   DA   YR

11. REFERRAL SOURCE

12. SEX M  -  Male

   F  -  Female

13. RACE / ETHNICITY

14. ENGLISH SPEAKING

15. MARITAL STATUS

16. LIVING CIRCUMSTANCE

17. RESIDENTIAL ARRANGEMENT

18. VETERAN Y  -  Yes

   N  -  No

19. EMPLOYMENT STATUS

20. EDUCATION (Highest grade level)

21. CURRENT TYPE OF EDUCATION

22. SOURCE OF REIMBURSEMENT (Circle up to 4)

23. INCOME SOURCE (Circle up to 8)

24. GROSS ANNUAL FAMILY INCOME

25. TOTAL PERSONS DEPENDENT ON INCOME

26. S.S. ELIGIBILITY

27. PAST SERVICE HISTORY (Circle up to 12)

28. CURRENT SERVICE INVOLVEMENT (Circle up to 12)

29. HOSPITAL DISCHARGED FROM IN LAST 30 DAYS

30. NON-MENTAL HEALTH NEEDS (Circle up to 5)

31. PROGRAM / SERVICE NEEDS (Circle up to 10)

32. LEVEL OF FUNCTIONING AT INITIAL CONTACT

33. PRESENTING PROBLEMS (Circle up to 17)

34. PRIMARY PRESENTING PROBLEM

35. HANDICAPING CONDITIONS (Circle up to 7)

36. CO-MUN CODE WHERE CLIENT WILL RESIDE

37. SERVICE AREA WHERE CLIENT WILL RESIDE

38. PROGRAM ELEMENT

39. TERMINATION DATE MO   DA   YR

40. LIVING CIRCUMSTANCES AT TERMINATION

41. RESIDENTIAL ARRANGEMENT AT TERMINATION

42. PRIMARY AGENCY RESPONSIBLE FOR FOLLOW-UP SERVICES

43. M.H. AGENCY / HSP. CODES

44. CIRCUMSTANCE AT TIME OF TERMINATION

45. PRINCIPAL DIAGNOSIS

46. SECONDARY DIAGNOSIS

47. PHYSICAL DIAGNOSIS

48. LEVEL OF FUNCTIONING AT LAST CONTACT

49. EMERGENCY CONTACTS FACE-TO-FACE

50. SCREENING CONTACTS

51. OPTIONAL / SPECIAL USE

52. FUTURE USE

53. TRANSACTION TYPE

SIGNATURE OF PERSON COMPLETING FORM

NEW JERSEY DEPARTMENT OF HUMAN SERVICES – Division of Mental Health and Hospitals
FORM NO. USTF-5 (07/89)

DISTRIBUTION: 1 COPY – N.J. DEPT. of HUMAN SERVICES

2 COPY – AGENCY COPY
9. and 38. PROGRAM ELEMENT
C. Designated Screening
D. Emergency

11. REFERRAL SOURCE
EMERGENCY / SCREENING / INPATIENT
A. Designated Screening Center
B. Emergency
C. CCIS Inpatient
D. County Psychiatric Hospital
E. State Psychiatric Hospital
F. Other Psychiatric Inpatient
G. General Hospital

COMMUNITY PROGRAMS/RESIDENTIAL SOURCES
H. Community M. H. Agency
J. Alcohol Treatment Program
K. Drug Treatment Program
L. School System
M. Other Social Service Agency
N. Nursing Home
O. Boarding Home
P. Homeless Shelter
R. Other Residential Program

LEGAL / JUSTICE SYSTEM
S. Police / Court / Jail
T. State Correctional Program
V. Community Correctional Program
W. Family Crisis Intervention Unit

INDIVIDUALS
X. Self
Y. Family or Friend
Z. Private M. H. Practitioner
1. Private Psychiatrist
2. Medical Doctor
3. Clergy

DEPT. OF HUMAN SERVICES
6. DYFS
7. DDD
8. Other

13. RACE / ETHNICITY
A. American Indian/Alaskan Native
B. Asian / Pacific Islander
C. Black, Not of Hispanic Origin
D. Hispanic
E. White, Not of Hispanic Origin
F. Other

14. ENGLISH SPEAKING
A. Yes
B. No, Spanish Speaking
C. No, Other Foreign Language
D. No, American Sign Language

17. and 41. RESIDENTIAL
A. Private Residence
B. Cooperative Living Situation (No MH Svcs)
C. Foster Family Care
D. Homeless/On Street
E. Community Residential Program (With MH Svcs)
F. Boarding Home/RHCF
G. Nursing Home/SNF/FIC
H. Residential Substance Abuse Program
J. DDDS/MR Residence
K. DYFS Residential Treatment Ctrs.
L. Children’s Group Home / Teaching Family Program
M. Homeless Shelter
N. Other Residential Program
O. State Psychiatric Hospital
P. County Psychiatric Hospital
R. CCIS Inpatient
S. Other Psychiatric Inpatient
T. State Correctional Facility
V. Detention Center
W. Other Institutional Setting
X. Unknown

19. EMPLOYMENT STATUS
A. Employed - Full - Time
B. Employed - Part - Time
C. Armed Services
D. Sheltered Employment
E. Unemployed
F. Not in Labor Force
G. Unknown

21. CURRENT TYPE OF EDUCATION
A. Regular / Vocational Education
B. Special Education
C. Post High School Education
D. Not in School

22. SOURCE OF REIMBURSEMENT
A. None - Organization to absorb total cost
B. Self/Legally Responsible Relative
C. Medicaid
D. Medicare
E. Other Public Sources
F. Contract (e.g., HMO)
G. Other Third Party Insurance
H. Unknown

23. INCOME SOURCE
A. Disability Insurance / Workman’s Comp.
B. Family or Relative
C. Pension
D. Public Assistance
E. Social Security
F. Unemployment Insurance
G. Wage/Salary Income
H. Other
J. Unknown

25. MARITAL STATUS
A. Married/Living as Married
B. Widowed
C. Divorced
D. Separated
E. Never Married
F. Unknown

16. LIVING CIRCUMSTANCES
A. Alone/Independent
B. With Relatives/Family
C. Other

26. S. S. ELIGIBILITY
A. Determined Eligible
B. Potentially Eligible
C. Probably Not Eligible
D. Determined to be Ineligible

27. PAST SERVICE HISTORY and 28. CURRENT SERVICE INVOLVEMENT
A. Alcohol Treatment Program
B. Drug Treatment Program
C. Community Corrections Program
D. Correctional Facility
E. Detention Center
F. Probation
G. DDD
H. DYFS

27. and 28. (continued)
J. Family Crisis Intervention Unit
K. Child Study Team Evaluation
L. Group Home With MH Services
M. Specialized Foster Care
N. Public Welfare
O. Other Social Service Agency
P. State Psychiatric Hospital
Q. County Psychiatric Hospital
R. CCIS Inpatient
S. Other Psychiatric Inpatient
T. Clinical Case Management / Youth Case Management
U. Outpatient / Counseling
V. Partial Care
W. Residential Care
X. Emergency Mobile Outreach / Treatment Team
Y. Liaison Services
Z. System Advocacy
AA. Self Help Services
BB. None

30. NON-MENTAL HEALTH NEEDS
A. Alcohol Abuse Services
B. Correctional
C. Drug Abuse Services
D. Education
E. Employment
F. Financial
G. Housing
H. Legal/Judicial
I. Medical/Health Related
J. Pastoral
K. Recreation
L. Transportation
M. Other
N. None

31. PROGRAM / SERVICE NEEDS
A. Crisis Stabilization / Emergency Services
B. CCIS Inpatient
C. Other Psychiatric Inpatient
D. Client Advocacy
E. Daily Living Skills
F. Medication Monitoring/Education
G. Partial Care
H. Psychological / Psychiatric Evaluation Only
I. Psychotherapy / Counseling
K. Self-Help Services
L. Service Coordination / Linkage
M. Community Residential Program (With MH Svcs)
N. Crisis Housing
O. Outreach / In-Home Services
P. Residential Support Services
Q. Pre-Vocational Services
R. Transitional/Supported Employment
S. Child Study Team Evaluation
T. DDD
U. DYFS
V. Information and Referral
W. Other

33. Problems and 34. Primary Problem
A. Alcohol Abuse
B. Anxiety
C. Assaultive Behavior/Threat
D. Bizarre Behavior
E. Compulsive Gambling
F. Daily Living Problems
G. Depression/Mood Disorder
H. Destructive to Property
I. Developmental Disability
J. Drug Abuse
K. Eating Disorder
L. Economic Stress
M. Fire Setting/Ideation
N. Homicidal Behavior/Threat
O. Legal/Judicial
P. None

33. and 34. (continued)
B. Medical/Somatic Complaints
C. No Social Support Resources
D. Organic Mental Disorder
E. Physical Abuse/Assault Victim
F. Physical Neglect
G. Runaway Behavior
H. Sexual Abuse/Rape Victim
I. Sexual Abuser
J. Social/Interpersonal (Non-family)
K. Suicide Attempt Needed
L. Suicide Threat
M. Thought Disorder
N. Other

35. HANDICAPPING CONDITIONS
A. Ambulatory/Orthopedic
B. Auditory
C. Communication
D. Developmental Disability/MR
E. Neurologically Impaired
F. Medical
G. Visual
H. Emotionally Disturbed
I. Perceptually Impaired
J. Sensory Impaired
K. None

42. PRIMARY AGENCY
SCREENING / INPATIENT
A. Designated Screening Center
B. Short term Care Facility
C. CCIS Inpatient
D. Country Psychiatric Hospital
E. State Psychiatric Hospital
F. Other Psychiatric Inpatient
G. General Hospital

COMMUNITY PROGRAMS/RESIDENTIAL SOURCES
H. Community Mental Health Agency
J. Alcohol Treatment Program
K. Drug Treatment Program
L. School System
M. Other Social Service Agency
N. Nursing Home
O. Boarding Home
P. Homeless Shelter
Q. Other Residential Program

LEGAL / JUSTICE SYSTEM
S. Police / Court / Jail
T. State Corrections Program
V. Community Corrections Program
W. Family Crisis Intervention Unit

INDIVIDUALS
X. Private Mental Health Practitioner
Y. Private Psychiatrist
Z. Medical Doctor

DEPARTMENT OF HUMAN SERVICES
4. DYFS
5. DDD
6. Other
7. No Referral

44. CIRCUMSTANCE
A. Termination With Referral
B. No Further Services Needed
C. Further services Needed But Not Available / Treatment Goal Met
D. Further services Needed But Not Rejected By Client
E. Further services Needed But Rejected By Parent / Guardian
F. Client Lost To Contact, Follow-Up Attempted, No Contact Made
G. Client Lost To Contact, No Follow-Up Attempted
H. Client Moved / Known to Be Unavable
J. Client Died On Premises
K. Client Died Off Premises