STATE OF FLORIDA
SUBSTANCE ABUSE & MENTAL HEALTH
SUBSTANCE ABUSE DETOX FORM

(* Mandatory Fields) (Reference: Chapter 6C, DCF Pam 155-2)

Client's Name:

1. *CONTRACTOR IDENTIFIER: ___ ___ - ___ ___ ___ ___ ___ ___ ___
Federal Tax Identification number ex. 59-1234567. — Page 6C - 4

2. *SITE IDENTIFIER: ___ ___ — Page 6C - 4

3. *CLIENT SSN: ___ ___ - ___ ___ - ___ ___ ___ ___
The SSN must be 9 digits without dashes. It cannot start with 000 or 999. If unavailable use Pseudo-social. Instructions in SAMH Pamphlet — Page 6C – 4

4. CLIENT ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ — Page 6C - 4

5. *RESIDENT COUNTY: ___ ___ — Page 6C - 4

6. *HIGHEST EDUCATION: ___ ___ — Page 6C - 4

- ☐ 00 - No Schooling
- ☐ 01 – Grade 1
- ☐ 02 – Grade 2
- ☐ 03 – Grade 3
- ☐ 04 – Grade 4
- ☐ 05 – Grade 5
- ☐ 06 – Grade 6
- ☐ 07 – Grade 7
- ☐ 08 – Grade 8
- ☐ 24 – Grade 9
- ☐ 25 – Grade 10
- ☐ 26 – Grade 11
- ☐ 27 – Grade 12
- ☐ 28 - High School Graduate, Diploma/GED
- ☐ 30 - Associate's Degree (AA, AS, etc.)
- ☐ 31 - Bachelor's Degree (BA, BS, AB, etc.)
- ☐ 32 - Master's Degree (MS, MA, MSW, etc.)
- ☐ 33 - Professional Degree (MD, DDS, JD, etc.)
- ☐ 34 - Doctorate Degree (PhD, EDD, etc.)
- ☐ 35 – Special School
- ☐ 36 – Vocational School
- ☐ 37 – College Undergraduate Freshman (1st Year)
- ☐ 38 - College Undergraduate Freshman (2nd Year)
- ☐ 39 - College Undergraduate Freshman (3rd Year)
- ☐ 40 - College Undergraduate Freshman (4th Year)
- ☐ 41 - Kindergarten
- ☐ 42 – Nursery School/Preschool/Head Start

7. *MARITAL STATUS: ___ — Page 6C - 4

- ☐ 1 – Single
- ☐ 2 – Married
- ☐ 3 – Widowed
- ☐ 4 – Divorced
- ☐ 5 - Separated
- ☐ 6 - Unreported
- ☐ 7 - Registered Domestic Partner
- ☐ 8 - Legally Separated

8. *HEALTH STATUS (HIPAA): ___ — Page 6C - 4

- ☐ 1 - Agitated
- ☐ 2 - Comatose
- ☐ 3 – Disoriented
- ☐ 4 – Depressed
- ☐ 5 - Forgetful
- ☐ 6 – Lethargic
- ☐ 7 - Other Mental Condition
- ☐ 8 – Oriented

9. *PREGNANCY TRIMESTER: ___ — Page 6C -4

- ☐ 1 - 1-3 Months
- ☐ 2 - 4-6 Months
- ☐ 3 - 7-9 Months
- ☐ 4 - Not Pregnant or male
- ☐ 5 - Unknown

10. *ADMISSION TYPE: ___

☐ 1 - Voluntary Competent ☐ 3 - Involuntary Competent

☐ 2 - Voluntary Incompetent ☐ 4 - Involuntary Incompetent

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11. *DRUG COURT ORDERED: ___

☐ 0 – No ☐ 1- Yes

Page 6C - 5

12. *INVOLVED IN CHILD WELFARE: ___

☐ 0 – No ☐ 1 – Yes

Page 6C - 5

13. *RESIDENTIAL STATUS: ___ ___

☐ 01 - Independent Living-alone
☐ 02 - Independent Living-with Relatives
☐ 03 - Independent Living –with Non-Relatives
☐ 04 - Dependent Living-with Relatives
☐ 05 - Dependent Living-with Non-Relatives
☐ 06 - Assisted Living Facility (ALF)
☐ 07 - Foster Care/Home
☐ 08 – Adult Residential Treatment Facility (Group Home)
☐ 09 – Homeless
☐ 10 – State MH Treatment Facility (State Hospital)
☐ 11 - Nursing Home
☐ 12 - Supported Housing
☐ 13 - Correctional Facility
☐ 14 - DJJ Facility
☐ 15 – Crisis Residence
☐ 16 – Children Residential Treatment Facility
☐ 17 – Limited Mental Health Licensed ALF
☐ 18 – Other Residential Status
☐ 99 - Not Available or Unknown

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14. *DEPENDENCY/CRIMINAL STATUS: __ __

☐ 00 – Insufficient Information

Adjudicated Children:

☐ 01 - Delinquent, in physical custody
☐ 02 - Delinquent, not in physical custody
☐ 03 - Dependent, in physical custody
☐ 04 - Dependent, not in physical custody
☐ 05 - Dependent & Delinquent, in physical custody
☐ 06 - Dependent & Delinquent, not in physical custody
☐ 07 - "Children in Need of Services" (CINS), not in physical custody

Non-Adjudicated Children

☐ 08 - Other DCF program status
☐ 09 - Under custody & supervision of family/guardian

Adults with No Court Jurisdiction:

☐ 10 - Competent, no charges
☐ 11 - Civil incompetence of person or property

Adults with Court Jurisdiction:

Criminal Competent

☐ 12 – Incarcerated
☐ 13 - Release pending hearing
☐ 14 - this code is no longer used
☐ 15 - this code is no longer used

Adults with Court Jurisdiction (Cont.):

Criminal Incompetent:

☐ 16 - Release pending hearing ITP
☐ 17 - Involuntarily hospitalized (direct commit)
☐ 18 – Incarcerated
☐ 19 - Involuntarily hospitalized - revocation of conditional release.
☐ 20 - No longer used
☐ 21 - Conditionally released

Not Guilty by Reason of Insanity (NGI):

☐ 22 - Involuntary hospital - direct commit.
☐ 23 - Involuntary hospital – revocation of conditional release.
☐ 24 - Released pending hearing.
☐ 25 - Conditionally released.
☐ 26 - Incarcerated.
☐ 29 - Incompetent to Proceed – Ages 21+

Juvenile Incompetent to Proceed

☐ 27 - Incompetent to Proceed - Ages 0 - 17
☐ 28 - Incompetent to Proceed - Ages 18 - 20
☐ 28 - Incompetent to Proceed – Age 21

Pages 6C – 5

***SUBSTANCE PROBLEM** **15. *Primary: __ __** **16. Secondary: __ __** **17. Tertiary: __ __**	Pages 6C – 5 and 6 Drug list in Appendix 5
***USUAL ROUTE OF ADMINISTRATION** **18. *Primary: __** ☐ 1 – Oral ☐ 4 – Injection **19. Secondary: __** ☐ 2 – Smoking ☐ 5 – Other **20. Tertiary: __** ☐ 3 – Inhalation	Page 6C - 6
***FREQUENCY OF USE (MONTH PRIOR TO EVALUATION)** **21. *Primary: __** ☐ 1 - No past month use ☐ 4 - 3 to 6 times per week **22. Secondary: __** ☐ 2 - 1 to 3 times in past month ☐ 5 - Daily **23. Tertiary: __** ☐ 3 - 1 to 2 times per week	Page 6C - 6
***AGE OF FIRST DRUG OR ALCOHOL USE** **24. *Primary: __ __** **25. Secondary: __ __** **26. Tertiary: __ __**	Page 6C - 7
27. *STAFF ID: ___ ___ **-** ___ ___ ___ ___ ___ ___ ___ ___ ___	Page 6C - 7
28. *PURPOSE OF EVALUATION: ☐ **5 – Detoxification**	Page 6C - 7
29. *BEGIN DATE: ___ ___ **/** ___ ___ **/** ___ ___ ___ ___	Page 6C - 7
30. *End Date: ___ ___ **/** ___ ___ **/** ___ ___ ___ ___	Page 6C – 7
31. *Discharge Reason: ___ ___ ☐ 1 - Completed Episode of Care – no substance abuse ☐ 2 - Completed Episode of Care – some substance use (some impairment) ☐ 6 - Non-compliant with agency's rules ☐ 7 - Left before completing treatment (involuntary) ☐ 8 - Incarcerated ☐ 9 – Died ☐ 10 – Completed Non-TX services (TASC/Interv./Prev.) ☐ 11 – Did not complete Non-TX services (TASC/Interv./Prev.) ☐ 13 - Referred outside of agency – episode of care completed ☐ 14 - Referred outside of agency – episode of care not completed ☐ 15 - Left before completing treatment (voluntary)	Page 6C – 7
32. PROVIDER INFORMATION: _	Page 6C - 7
33. *ZIP CODE: ___ ___ ___ ___ ___ US Postal Zip code for this client's residence	Page 6C – 8
34. *PROVIDER ID: ___ ___ **-** ___ ___ ___ ___ ___ ___ ___	Page 6C - 8

35. *REFERRAL: ___ ___ — Page 6C - 8

- ☐ 1 - Individual (Self-Referral)
- ☐ 2 - Substance Abuse Care Provider
- ☐ 3 - Mental Health Care Provider
- ☐ 4 - Juvenile Justice (JARF's)
- ☐ 5 - County Public Health Unit
- ☐ 6 - School (Education)
- ☐ 7 - Employer/Employee Assistance Program
- ☐ 8 - Other Social Service/Health/ Community Ref
- ☐ 9 - TASC (Assessment Centers)
- ☐ 10 - Probation/Parole/Controlled Release Authority
- ☐ 11 - DUI/DWI
- ☐ 12 – Pretrial
- ☐ 13 - Prison/Jail
- ☐ 14 - Other Court Order/Recognized Legal Entity
- ☐ 16 - SINS/FINS
- ☐ 17 - Addictions Receiving Facilities
- ☐ 18 - Outreach Program
- ☐ 19 - DCF/ADM (no longer used)
- ☐ 20 - Community Hospital
- ☐ 21 - State Hospital
- ☐ 22 - Physician/Doctor
- ☐ 23 - Law Enforcement
- ☐ 24 - Family Safety Foster Care
- ☐ 25 - Family Safety Protective Services
- ☐ 99 - None of the Above

36. SA DIAGONSIS: ___ ___ ___ ___ ___ ___ **Must be space filled** — Page 6C - 8

37. MH DIAGONSIS: ___ ___ ___ ___ ___ ___ **Must be space filled** — Page 6C - 8

38. *MARCHMAN ACT: ____ — Page 6C - 8

- ☐ 1 – Involuntary Assessment
- ☐ 2 – Involuntary Treatment
- ☐ 3 – Involuntary Assessment and Treatment
- ☐ 4 – Not Applicable

39. *MHDIAGNOSIS ____ ☐ 0 – No ☐ 1 – Yes — Page 6C - 8

40. *Veteran status ____ ☐ 0 – No ☐ 1 – Yes ☐ 2 – Unknown — Page 6C - 8

41. *EMPLOYMENT: _____ — Page 6C – 8

- ☐ 10 - Active Military, Overseas
- ☐ 11 - Active Military, USA
- ☐ 12 - Full Time
- ☐ 31 - * Unpaid Family Worker
- ☐ 40 - Part Time
- ☐ 50 - Leave of Absence
- ☐ 60 - Retired
- ☐ 70 - Terminated/Unemployed
- ☐ 81 - Homemaker (must keep house for 1 or more others)
- ☐ 82 - Student
- ☐ 83 - Disabled
- ☐ 84 - Criminal Inmate
- ☐ 85 - Inmate Other
- ☐ 86 - Not Authorized to Work

*** Note:** Unpaid Family Worker – A family member who works at least 15 hours or more a week without pay in a family-operated enterprise. If an individual refuses to work because they are making money through illegal activities (i.e., drug sales or prostitution) the client should be coded as unemployed '70'.

42. *CONTRACT NUMBER 1 - __ __ __ __ __ — Page 6C - 8

43. CONTRACT NUMBER 2 - __ __ __ __ __ (NO LONGER USED – MUST BE SPACE FILLED) — Page 6C - 8

44. *SA PRIMARY DIAGONSIS: ___ ___ ___ ___ ___ ___ ___ **(ICD10 Codes)** — Page 6C - 8

45. MH DIAGONSIS: ___ ___ ___ ___ ___ ___ ___ **(ICD10 Codes)** — Page 6C - 8

46. CONTRACT NUMBER 3 - __ __ __ __ __ (NO LONGER USED – MUST BE SPACE FILLED) — Page 6C - 9

47. *SOCIAL CONNECTEDNESS: ___ ___ 01 – No attendance in the past month 04 – 8 – 15 times in past month 07- Unknown 02 – 1-3 times in past month 05 – 16-30 times in past month 03 – 4-7 times in past month 06 – Some attendance in past month, frequency unknown	Page 6C - 9
48. *SCHOOL ATTENDANCE: ___ 1 – Suspended 2 – Expelled 3 – Suspended and Expelled 4 – Not Applicable	Page 6C – 9
49. *ARREST: ___ ___	Page 6C – 9
50. *SADIAG10: ___ ___ ___ ___ ___ ___ ___ ___	Page 6C – 9
51. MHDIAG10: ___ ___ ___ ___ ___ ___ ___ ___	Page 6C – 9
Signature: _____ Date: _____/_____/_____	