FIELD NAME	DESCRIPTION
Client ID	**Mandatory** - For all DD clients, and all MH clients who will be billed for Fee For Service programs or the Individual Care Grant (ICG) program, the individual's SSN must be used. For other MH clients, a unique ID number may be assigned by the agency. If SSN is not used for MH clients, any unique number up to 9 digits is allowed (all zeros is <u>not</u> valid).
Satellite Code	**Mandatory -** An organizational subpart within an agency that has a unique physical location, but does not have a different FEIN assigned to it. This code is assigned by DHS. If no satellite code is assigned, report zeros in this field. (Retrieved from the Agency Master record and displayed on the screen.)
Status	**Display -** Indicates the status of the record. **PENDING -** The record has not been submitted to DHS. **SUBMITTED -** The record has been submitted to DHS and is waiting results. **ACCEPTED -** The record has been approved by DHS. **REJECTED -** The record has been rejected by DHS with an error. **INCOMPLETE-** The record has not been updated by the provider to include the new client case information.
Submit Date	**Display** - The date on which the record was submitted to DHS for processing.
Client Name –	**Mandatory -** The complete <u>legal</u> name of the client. The name must match the name as it appears on the client's Department of Public Aid MediPlan card, Social Security card, and/or documentation of other benefits.
First Name	The complete legal first name.
Middle Initial (MI)	Middle initial should be reported, unless the client does not have one.
Last Name	The complete legal last name.
Name Suffix	The suffix should be reported, if the client has one (Jr, Sr, III, IV, etc.)
Mother's Maiden Last Name	The complete legal maiden last name of the client's mother. Use **UNKNOWN** if this information is not available.

FIELD NAME	DESCRIPTION

Social Security Number (SSN)	**Mandatory -** The client's social security number (SSN). A valid SSN is mandatory for the following types of clients:
	  1 - Medicaid eligible clients
	  2 - DD clients
	  3 - MH clients in a fee-for-service program
	
	NOTE: When the SSN is used for the client ID, the client's SSN must be reported in this field as well as the client ID field.
	
	Report **000000000** if the client has no SSN (allowed only for MH clients).
	
	Report **999999999** if the client's SSN is not known (allowed only for MH clients).

Birth Date	**Mandatory -** The date on which the client was born.
	Format: **MMDDYYYY**
	  MM = month
	  DD = day
	  YYYY = century and year

Sex	**Mandatory -** Sex of the client.
	        MALE
	        FEMALE

Race	**Mandatory -** Race of the client. Although the categories are intended to be mutually-exclusive, a client may be included in the group to which he/she appears to belong, identifies with, or is regarded in the community as belonging. **WHITE.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. **BLACK/AFRICAN AMERICAN.** A person having origins in any of the black racial groups of Africa. **ASIAN.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent. This area includes, for example, China, India, Japan, and Korea. **AMERICAN INDIAN/ALASKAN NATIVE.** A person having origins in any of the original peoples of North, Central or South America and who maintains tribal affiliation or community attachment. **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island. **UNKNOWN.**

FIELD NAME	DESCRIPTION
RIN - (Recipient ID Number) (Formally referred to as Medicaid ID)	**Mandatory -** The client's recipient identification number (RIN). A valid RIN is mandatory for Medicaid eligible and MH clients. Report **000000000** if the client has no Recipient ID.
State Operated Facility ID (Formerly referred to as DMHDD ID)	**Mandatory -** The State-Operated Facility ID number for the client if he/she has been served in a State-Operated DD or MH facility. Report **000000000** if the client has no State-Operated facility ID. Report **999999999** if the client's State Operated facility ID is not known.

Language	**Mandatory -** Primary language of the client.
	
	         **ENGLISH
	         SPANISH
	         OTHER WESTERN EUROPEAN
	         EASTERN EUROPEAN
	             BOSNIAN
	             POLISH
	             RUSSIAN
	         ASIAN
	             ARABIC
	             CHINESE
	             INDIAN
	             KOREAN
	             VIETNAMESE
	         AFRICAN
	         AMERICAN SIGN LANGUAGE
	         OTHER
	         UNKNOWN**

Hispanic Origin	**Mandatory -** Indicates the Hispanic origin of a person of Spanish culture or origin, regardless of race.
	
	         **NOT OF HISPANIC ORIGIN
	         MEXICAN/MEXICAN AMERICAN
	         PUERTO RICAN
	         CUBAN
	         CENTRAL/SOUTH AMERICAN
	         OTHER HISPANIC
	         UNKNOWN, NOT CLASSIFIED**

5.2.1 DEMOGRAPHIC INFORMATION GLOSSARY

FIELD NAME	DESCRIPTION
Area of Residence	**Mandatory -** The geographic location where the client <u>currently</u> lives. Refer to the current Directory of Geographic Information.
County	Code indicating county, Chicago, out-of-state (10300) or unknown (10400).
Twp/CA	Report Township - if the client resides outside the Chicago city limits, but within the county that requires this further information. The two-digit numeric code must include the zero to the left if the code is less than ten. For example: Berwyn Township in Cook County is '02'. _OR_ Report Community Area - if the client resides within the Chicago city limits. This two-digit numeric code must include the zero to the left if the code is less than ten. For example: 400-599 W. Addison St. is '06'.
Medicaid Site ID	**Mandatory -** The three digit Department of Public Aid (DPA) assigned Medicaid site ID number where the client is registered. Non-Medicaid enrolled agencies should report **000** for this field. **NOTE:** The Medicaid Site ID is assigned by DPA and is the three digits which are appended to the agency's nine digit Federal Employer Identification Number (FEIN).
DHS Case ID	**Mandatory -** The public aid eligibility Case ID number for the client. Report <u>all</u> **0**'s if client has no DHS Case ID. Report <u>all</u> **9**'s if client's DHS Case ID is not known. DHS Case ID consists of 13 positions. If client's Case ID has 15 positions on the eligibility card, ignore the group code (the two middle numbers). Exp. 04 010 <u>00</u> A1234567 (ignore the <u>00</u>)
Client Address - Street	**Mandatory** - The current address of the client. Street or box number
City	City
State	The Post Office abbreviation for State.
Zip Code & Suffix	Postal zip code (include suffix, if known) **NOTE:** If the client is homeless report the address of the agency providing the service.

5.2.1 DEMOGRAPHIC INFORMATION GLOSSARY

FIELD NAME	DESCRIPTION
Education Level	**Mandatory -** Identifies the highest grade level completed by the client. **00** - Never attended school **__** - Last primary/secondary grade completed (Report the appropriate grade level 01-11) **20** - Preschool/kindergarten **30** - High School diploma **31** - General Equivalency Diploma (GED) **32** - Special Education Certificate of Completion **40** - Post-secondary training **41** - One year college **42** - Two years college **43** - Three years college **50** - College Bachelor's degree **60** - Post Graduate college degree **99** - Unknown
Employment Status	**Mandatory -** Describes the current employment status of the client. **10** - Employed, including on vacation or sick leave (report this code if specifics are unknown for 11, 12, 13, 14) **11** - Employed full time (unsubsidized employment, including self-employment) **12** - Employed part time (unsubsidized employment, including self-employment) **13** - Employed (full or part time) in subsidized or supported employment **14** - Attending vocational/day program, including programs funded by DHS or by other entities **20** - Unemployed/layoff from job **30** - Not in the Labor Force (retired, homemaker, student, resident/inmate of institution) **90** - Other (not seeking employment/vocational services) **99** - Unknown
Marital Status	**Mandatory -** Marital status of the client. **1** - Never Married **2** - Married **3** - Widowed **4** - Divorced **5** - Separated **9** - Unknown, declines to specify

5.2.1   DEMOGRAPHIC INFORMATION GLOSSARY

FIELD NAME	DESCRIPTION
SSI/SSDI Eligibility	**Mandatory -** Describes the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) eligibility status for the client. **NOTE:** Only codes 1, 2, and 3 are acceptable for waiver clients. **0** - Not Applicable **1** - Eligible, receiving payments **2** - Eligible, not receiving payments **3** - Eligibility determination pending **4** - Potentially eligible but has not applied, or status unknown **5** - Determined to be ineligible **9** - Eligibility status unknown
DFI/CFI Enrollment	**Mandatory -** Designates whether the client is enrolled in a DFI/CFI program. **N** - Not Applicable **Y** - DFI/CFI enrolled
Citizenship	**Mandatory** - Indicates the citizenship status of the client. **Y** - U.S. Citizen **N** - Non-U.S. Citizen **U** - Unknown
Military Status	**Mandatory -** Indicates the military status of the client. A veteran is any person who has served on active duty in the armed forces of the United States, including the Coast Guard. Not counted as veterans are those whose only service was in the Reserves, National Guard, or Merchant Marines. **0** - Not a Veteran **1** - Veteran **2** - Currently on active duty **9** - Unknown

5.2.1 CLIENT DEMOGRAPHIC INFORMATION

FIELD NAME	DESCRIPTION
Court / Forensic Treatment	**Mandatory -** Status of forensic/court-ordered treatment plans at the time of registration. **NOTE:** Criminal court-ordered treatment should be used only when the order is an outcome of criminal proceeding against the client (including juveniles). **00** - Not applicable **01** - Department of Corrections client (e.g., probation, parole) **02** - Unable to Stand Trial **03** - Unable to Stand Trial - ET (Extended Term) **04** - Unable to Stand Trial - G2 **05** - Not Guilty by Reason of Insanity **06** - Civil court-ordered treatment **07** - Criminal court-ordered treatment **08** - Court-ordered evaluation/assessment only **99** - Unknown
Interpreter Services Needed	**Mandatory -** The type of interpreter services required by the client. **SERVICES NOT NEEDED** **AMERICAN SIGN LANGUAGE** **FOREIGN LANGUAGE** **UNKNOWN**
Optional Data	**Optional -** These fields may be used by agencies for collecting data in classifications of their own choice.