



Grid for Unique I-SMART ID

# Crisis Intervention

Client Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Facility: \_\_\_\_\_

Complete all fields

1. Gender:

Male  Female

2. Date of Birth:

DD MM YYYY

3. Social Security Number:

SSN grid

4. Initial Contact:

By Appointment  Other  Phone  Walk-in

5. County of Residence:

\_\_\_\_\_  
 NA, Out of State

6. Pregnant:

Yes  No  Unknown

Due date: \_\_\_\_\_

7. HIV Positive:

Yes  No  Unknown

8. Past IV Drug Use:

Yes  No  Denies

10. Program enrollment:

\_\_\_\_\_

11. Race:

Caucasian  Black/African American  
 American Indian  Asian  
 Hawaiian or Pacific Islander  
 Alaskan Native  Unknown  
 Not collected

12. Ethnicity:

Not Spanish/Hispanic/Latino/Mexican  
 Puerto Rican  Mexican  
 Cuban  Other Hispanic or Latino  
 Not collected

13. Years of education:

\_\_\_\_

14. Veteran Status:

None  
 Armed Forces/On Active Duty/Combat History  
 Armed Forces/On Active Duty/No Combat History  
 Military Dependent  
 National Guard/Combat History  
 National Guard/No Combat History  
 National Guard/On Active Duty/Combat History  
 National Guard/On Active Duty/No Combat History  
 Retired from Military/Combat History  
 Retired from Military/No Combat History  
 Served in Armed Forces/Combat History  
 Served in Armed Forces/No Combat History  
 Unknown

15. Days waiting:

\_\_\_\_

9. Presenting Problem in clients own words:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_