

Client Data Set

A Client record (ProviderClient) is required for each client that receives treatment services from a Provider Agency.

The Client Data Set must be submitted prior to or included with any data set submissions associated with that client. The Client Data Set information should be updated when changes in the data occur.

Profile

First Name*	Middle Name	Last Name*	Suffix
Birth Date*			
Sex*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Refused	Gender Identity*	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Transgender Man (Female to Male) <input type="checkbox"/> Transgender Woman (Male to Female) <input type="checkbox"/> Genderqueer <input type="checkbox"/> Other Gender Identity <input type="checkbox"/> Refused
Sexual Orientation*	<input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other <input type="checkbox"/> Refused	Ethnicity*	<input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Other specific Hispanic or Latino <input type="checkbox"/> Not of Hispanic or Latino origin <input type="checkbox"/> Hispanic or Latino - Specific origin not specified <input type="checkbox"/> Refused

Provider

IBHRS will default to your Provider Agency. If it does not, you can search for your Provider Agency in the Data Entry Screens.

Provider Client Races

Type*	<i>There must be exactly one Provider Client Race record with Primary type.</i> <input type="checkbox"/> Primary <input type="checkbox"/> Other	Race*	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian Or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Another Race <input type="checkbox"/> Refused
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Type	<input type="checkbox"/> Primary	Race	<input type="checkbox"/> White
	<input type="checkbox"/> Other		<input type="checkbox"/> Black or African American
			<input type="checkbox"/> Asian
			<input type="checkbox"/> American Indian Or Alaskan Native
			<input type="checkbox"/> Native Hawaiian or other Pacific Islander
			<input type="checkbox"/> Another Race
			<input type="checkbox"/> Refused

Provider Client Email Addresses

Email address:

Email address:

Email address:

Provider Client Identifiers

Type*	<i>A Social Security Number must be provided for each client</i>	Identifier*	<i>If SSN for the client is Unknown then use 999-99-9999</i>
	<input type="checkbox"/> Social Security Number		
	<input type="checkbox"/> Medical Record Number		

Type	<input type="checkbox"/> Social Security Number	Identifier
	<input type="checkbox"/> Medical Record Number	

Provider Client Phones

Type*	<i>There must be at least one phone record for each client</i>	Phone Number*	<i>If a client does not have a phone number, please use 000-000-0000</i>
	<input type="checkbox"/> Home		
	<input type="checkbox"/> Mobile		
	<input type="checkbox"/> Work		

Type	<input type="checkbox"/> Home	Phone Number*
	<input type="checkbox"/> Mobile	
	<input type="checkbox"/> Work	

Type	<input type="checkbox"/> Home	Phone Number*
	<input type="checkbox"/> Mobile	
	<input type="checkbox"/> Work	

Provider Client Physical Addresses

Type* *There must be exactly one Physical Address record with Primary or Homeless type for each client. Only the County field is required for Homeless Address Type.*

Primary Homeless Other

First Street Address*

Second Street Address

City Name*

State*

Postal Code*

County*

Type Primary

Homeless

Other

First Street Address

Second Street Address

City Name

State

Postal Code

County
