

# Annual Update Sheet

Appointment Date: \_\_\_\_\_ Client #-

\_\_\_\_\_



Date :

**Client Legal Name:**  Last  First  Middle

**Chosen Name:**  **Date of Birth:**

**Birth/Maiden Name:**  **Social Security #:**

**Pronoun:**  He/Him  She/Her  They/Them  Other

**Sex at the time of Health Plan enrollment**  Male  Female  Other

**Gender**  Male  Female  Genderqueer (neither male or female)

Options Location:  Options Counseling and Family Services Location:

**Primary Language:**

**Interpreter Needed?**  Languge  ASL

**Primary - Physical Address :**

**Primary - Mailing Address:**  Same as physical

Okay to send mail from Options?  Yes  No

**Alternate - Physical Address :**



**Alternate - Mailing Address:**  Same as physical

  
  

Okay to send mail from Options?  Yes  No

**Primary Phone #:**

**Name:**  **Relationship to Client:**

Type of Phone  Home  Cell  Work

OK to ID :  Yes  No

Ok to text :  Yes  No

Appt. Reminder to this #  Calls  Text

**Secondary Phone #:**

**Name:**  **Relationship to Client:**

Type of phone  Home  Cell  Work

Ok to ID  Yes  No

Ok to text  Yes  No

**Guardian 1 Phone: (if applicable):**

**Name:**  **Relationship to Client:**

**Address:**

Okay to send mail from Options?  Yes  No

Type of phone  Cell  Home  Work

Ok to ID  Yes  No

Ok to Text  Yes  No

**Guardian 2 Phone: (if applicable):**

**Name:**  **Relationship to Client:**

**Address:**

Okay to send mail from Options?  Yes  No



Type of phone  Cell  Home  Work

Ok to ID  Yes  No

Ok to Text  Yes  No

**Emergency Contact Phone #:**

**Name:**  **Relationship to Client:**

Type of phone  Home  Cell  Work

Ok to ID  Yes  No

Ok to Text  Yes  No

## Client Support System:

**Spouse \ Partner :**  **Phone :**

**Other Household Members (Siblings, Roommates):**

**Name/Relationship to Client :**  **Age:**

**Name/Relationship to Client :**  **Age:**

**Name/Relationship to Client :**  **Age:**

**Name/Relationship to Client :**  **Age:**

**Primary Care Doctor:**  **Phone :**

**Clinic Name :**  **Fax :**

**Dental Provider :**  **Phone :**

**Other Agencies, Case Workers, or Health Care Providers Involved:**

**Contact Name :**  **Phone :**

**Agency/Program :**  **Fax :**

**Contact Name :**  **Phone :**

**Agency/Program :**  **Fax :**

## Client Demographic Data:

*It is the policy of Options Counseling and Family Services to be non-discriminatory in the delivery of services to clients without regard to race, color, religion, national origin, age, gender, disability, source of income, gender identity or expression, and/or sexual orientation. Options is required to request the following information for Oregon Department of Human Services for the Measures and Outcomes Tracking System*



*(MOTS). This data is collected and used to determine funding levels and effectiveness of mental health programs in our community.*

**Marital Status (Please check from the following):**

Never Married  Married  Widowed  Divorced  Separated  I prefer not to respond

**Are you a Veteran?:**

Yes, Current/Former Active Duty Military  Yes, Current/Former Guard/Reserve  No, But Current/Former Guard/Reserve Military  No

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Tobacco Use (in the last 90 days):  Yes  No  I Prefer Not to Share

**Substance Use (in the last 90 days):**

(alcohol or non-prescribed medications)  Yes  No  I Prefer Not to Share

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**Employment Status of the Client (Please check from the following):**  I Prefer Not to Share  Full Time (over 35 hours/week)  Student  Sheltered/Non-Competitive Employment  Part Time (under 35 hours/week)  Retired  Not in the Labor Force  Unemployed - Seeking Employment  Disabled  Other Classification (ex. Volunteers)  Homemaker  Hospital or Institutional Resident

**Highest Grade Completed :**  **Are you currently enrolled in school/training?:**  Yes  No

**School Name:**  **Current Grade :**

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**Living Arrangements** (Please check from the following):

Private Residence  Residential Facility (BRS)  Supported Housing - Scattered Site  Private Residence (at home)  Residential Facility (CSEC)  Supported Housing - Congregate Setting  Private Residence (with relative)  Residential Facility (PRTS)  Private Residence (with non-relative)  Residential Facility (SCIP/SAIP)  Residential Facility (SRTF -YAT)  Oxford Home  Transient/Homeless  Secure Residential (SRTF Adult)  Alcohol/Drug Free Housing  Foster Home  Residential SubAcute Facility  Supported Housing - Other Type  Jail  Room & Board-Independent Living Facility  Residential Facility/Group Home  Residential Facility (SUD)  Prison  Other

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**Estimated *Monthly Household* Income:** \$

Prefer Not to Share



**Primary Source of Income** (Please check from the following):

I Prefer Not to Share  Wages/Salary  Retirement/Pension SSI  Other  Public Assistance   
Disability/SSDI  None

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**Dependents** (Include the total number of persons, including the client, that are supported by the household income) :

**Adults** (include minors living independently) : #

**Children** (include minors for which child support is paid out of this income): #

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**Are you currently pregnant?:**  Yes  No  Not Applicable/Male  I Prefer Not to Share

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**Comments / Questions :**

X \_\_\_\_\_

# Signature Certificate

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**WP***signature*  
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## Timestamp

## Audit

January 22, 2021 9:51 am  
PDT

Annual Update Sheet Uploaded by Adam Falk -  
adam.falk@options.org IP 69.1.101.108

January 22, 2021 10:42 am  
PDT

Options Intake - intake@options.org added by Adam  
Falk - adam.falk@options.org as a CC'd Recipient Ip:  
108.174.191.149

September 13, 2021 1:03 pm  
PDT

Options Intake - intake@options.org added by Adam  
Falk - adam.falk@options.org as a CC'd Recipient Ip:  
206.192.252.48

September 29, 2021 1:23 pm  
PDT

Options Intake - intake@options.org added by Adam  
Falk - adam.falk@options.org as a CC'd Recipient Ip:  
206.192.252.48



This audit trail report provides a detailed record of the  
online activity and events recorded for this contract.

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