

**CLIENT FACE SHEET  
CLIENT DATA**

**CONFIDENTIAL CLIENT INFORMATION  
SEE CALIFORNIA WELFARE AND  
INSTITUTIONS CODE 5328**

CLIENT ID #									

CLIENT NAME	LAST	FIRST	MIDDLE

AKA OR MAIDEN LAST NAME	FIRST	MIDDLE

SEX	ETHNICITY	DATE OF BIRTH	ESTIMATED AGE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME

CLIENT ADDRESS/HOUSE # AND DIRECTION	STREET NAME	STREET TYPE	APT/FLOOR

CITY	STATE	ZIP	COUNTY	AREA CODE	CLIENT PHONE HOME NUMBER	AREA CODE	CELL PHONE/BUSINESS

ENGLISH SPEAKING Y/N	PRIMARY LANGUAGE	HANDICAP	HIGHEST GRADE	VETERAN	AGENCY OF PRIMARY RESPONSIBILITY

**EMERGENCY CONTACT INFORMATION**

NAME	RELATIONSHIP	AREA CODE	TELEPHONE NUMBER
ADDRESS/STREET	CITY	STATE	ZIP

**FINANCIAL DATA**

UMDAP DATE	REP UNIT	FAMILY INCOME	SOURCE OF INCOME	NO. OF DEPENDENTS	ANNUAL LIABILITY

**FINANCIAL RESPONSIBILITY (INDICATE EACH PAYMENT SOURCE WITH A "Y")**

COUNTY	SO/MEDI-CAL	CLIENT OR FAMILY	MEDICARE	CHAMPUS	INSURANCE/THIRD PARTY	UNKNOWN
HMO-PHO PLAN NAME	HMO-PHP	MEDICARE NUMBER				

**ADDITIONAL FINANCIAL INFORMATION (EP12 SCREEN)**

MEDI-CAL ID OR CLIENT ID NO.	EFF. DATE MO/YR	24-HOUR LATE CODE	COUNTY WITH FISCAL RESP.
COUNTY	A D WELFARE/BEN		

**SFPR/COORDINATOR INFORMATION**

SFPR/COORD ID OR SPECIAL GROUP	NAME (NOT A DATA ENTRY FIELD)	FIRST (NOT A DATA ENTRY FIELD)	AREA CODE	PHONE NUMBER

**CONFIDENTIAL INFORMATION**