## CLIENT FACE SHEET CLIENT DATA

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

Γ.	C	LII	ΞN	IT	ID	#	
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CLIENT NAME	CLIENT NAME LAST					FIRST					MIDDLE					
AKA OR MAIDEN LAST NAME						- Annie and Anni	FIF	ST					MIDDLE			
					And the best of the second company											
SEX ETHNI	X ETHNICITY DATE OF BIRTH ESTIMATE					D AGE SO				SOCIAL SECURITY# 1				R'S MAIDE	NAME	
CLIENT ADDRESS/HOUSE # AND DIRECTION						STREET NAME 5			S	STREET TYPE			APT/FLOOR			
CITY STATE ZIP COUNTY					ARE	REA CODE CLIENT PHONE HOME NUMB					FARE	A CODE	CELL	PHONE/BL	SINESS	
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ENGLISH SPEAKING Y/N PRIMARY LANGUAGE H					HAN	DICAP	HIGHEST (	RADE	DE VETERAN AGENCY			CY OF PR	OF PRIMARY RESPONSIBILITY			
EMERGENCY	CONTA	CT INF	ORMA"	TION												
NAME						RELATIONSHIP ARE			A CODE	DE TELEPHONE NUMBER						
ADDRESS/STREET					Marian contactuo con de fina	CITY .			STATE				ZIP			
FINANCIAL DA	ATA															
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The second secon		PAYMENT SOURCE WIT			-				LIBUATOMA							
COUNTY	SO/MEDI-	CAL C	AL CLIENT OR FAMILY			MEDICARE CHAMPUS			INSURANCE/THIRD PARTY			PARTY	UNKNOWN			
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HMO-PHO PLAN NAME HMO-PHP MEDIC					DICA	ICARE NUMBER										
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ADDITIONAL F			RMAT	TON (EP	12 S	CREEN	)						-			
MEDI-CAL ID OR CLIENT ID NO.   EFF. DATE MO/YF						R 24-HOUR LATE CODE COUNT			ITY WITI	H FISC	AL RESP	2				
COUNTY A E	A D WELFARE/BEN															
SFPR/COORD	-	H-FREE BEST TO SHARE STORY	Out a large of the													
SFPR/COORD ID NAME (NOT A DATA ENTRY FIELD OR SPECIAL GROUP						D) FIRST (NOT A DATA ENTRY FIELD)				FIELD)	AREA	CODE	PHO	NE NUMBE	R	
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