



DIVISION OF BEHAVIORAL HEALTH AND RECOVERY (DBHR)
DBHR Target Change of Circumstances

AGENCY NUMBER
STAFF IDENTIFICATION

INSTRUCTIONS: For clients receiving treatment, use this form to record only the types of change of circumstances shown below. Record other client changes that occur during treatment at discharge on the DBHR Target Data Elements, DSHS 04-416. Record only the area(s) that have changed.

Section I: Client Identification

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME
4. DATE OF BIRTH	5. ORIGINAL ADMISSION DATE	6. CHANGE START DATE

Section II: Pregnancy Outcome

PREGNANCY OUTCOME CODES

L - Live Birth Child M – Miscarriage S - Stillborn Child (dead) T - Other Termination

1. ESTIMATED DUE DATE (MM/DD/YYYY)	2. HAS PRENATAL PROVIDER <input type="checkbox"/> Yes <input type="checkbox"/> No	3. PREGNANCY END DATE (MM/DD/YYYY)
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4. Complete the table below to document the fetus/infant(s) associated with the actual date from Section 3. (The table allows for multiple births.). **Note:** Only complete columns 2, 3, and 4 if outcome = L - Live Birth Child

OUTCOME	WEIGHT LBS OZ	INFANT'S FIRST NAME	IS CHILD LIVING WITH CLIENT
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Section III: Funding

1. CURRENT PUBLIC ASSISTANCE (CHECK ONE BOX ONLY)

<input type="checkbox"/> Applicant	<input type="checkbox"/> Medical Assistance Only	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Aged, Blind or Disabled (ABD)	<input type="checkbox"/> None	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Medicaid Alternative Benefits Plan (ABP)	<input type="checkbox"/> Refugee Assistance	

2. CONTRACT (CHECK ONE BOX ONLY)

<input type="checkbox"/> Adult Outpatient	<input type="checkbox"/> Criminal Justice (CJ)	<input type="checkbox"/> Local Sales Tax	<input type="checkbox"/> WA-CARES
<input type="checkbox"/> Adult Residential	<input type="checkbox"/> Criminal Justice – Innovation	<input type="checkbox"/> Molina – Managed Care	<input type="checkbox"/> WASBIRT
<input type="checkbox"/> ATR – Access to Recovery	<input type="checkbox"/> DOC – COM	<input type="checkbox"/> Other/None	<input type="checkbox"/> Youth Treatment
<input type="checkbox"/> BRIDGES	<input type="checkbox"/> DOC - Jail	<input type="checkbox"/> Pregnant/Parenting	
<input type="checkbox"/> CDDA (COMM)	<input type="checkbox"/> Gov2Gov (Non XIX)	<input type="checkbox"/> TANF (ESA)	
<input type="checkbox"/> CDDA (LS)	<input type="checkbox"/> Indian Health Services (IHS)	<input type="checkbox"/> Tribe MOA (Title XIX)	

3. FUND SOURCE (CHECK ONE BOX ONLY)

<input type="checkbox"/> Agency Funded	<input type="checkbox"/> Federal Direct	<input type="checkbox"/> Private Pay	<input type="checkbox"/> State DSHS (Non DASA)
<input type="checkbox"/> County Community Services	<input type="checkbox"/> Other	<input type="checkbox"/> State Direct	<input type="checkbox"/> Tribal Community Services
<input type="checkbox"/> DOC			

4. TITLE XIX FUNDED <input type="checkbox"/> Yes <input type="checkbox"/> No	5. SPECIAL PROJECT STATE	6. SPECIAL PROJECT COUNTY
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7. SPECIAL PROJECT AGENCY	8. GOVERNING COUNTY (IF NOT COUNTY OF FACILITY)
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9. INSURANCE PAYMENT (PRIVATE) (CHECK ONE BOX ONLY)

No Insurance Payment 50% or greater Less than 50%

10. CHANGE MODALITY (CHECK ONE)

<input type="checkbox"/> Intensive Outpatient (IO) to Outpatient (OP)	<input type="checkbox"/> Outpatient (OP) to Methadone (MT)
<input type="checkbox"/> Intensive Outpatient (IO) to Methadone (MT)	<input type="checkbox"/> Methadone (MT) to Outpatient (OP)
<input type="checkbox"/> Outpatient (OP) to Intensive Outpatient (IO)	<input type="checkbox"/> Methadone (MT) to Intensive Outpatient (IO)

11. CLIENT REGISTRY PARTICIPATION <input type="checkbox"/> Permitted <input type="checkbox"/> Refused <input type="checkbox"/> Revoked	12. STATUS DATE
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